FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPI | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | , | , | | | | | | | | | | | | | |
|--|---|--|---|------------|----------|--|---|---------------------------|------------------------------------|----------------|-----------------------|---|---|----------------------------------|---|--|---|--|--|--|--|
| 1. Name and Address of Reporting Person* Smith Brian J | | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | | (Check all ap | | ship of Reporting Person(s) to Is: applicable) rector 10% O | | | | | |
| (Last) | , | irst) GTON AVENUE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2015 | | | | | | | | | | Officer (give title below) | | Other (specification) | | | |
| (Street) ELKHART IN 46516 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | | (Zip) | an Dani | | . 0 | !4! | A | | | :d | of or D | | i a Usa | 0 | | | | | | |
| 1 Title of S | Security (Ins | | ie i - N | 2. Transac | | _ | Deeme | | 3. | וט ,ו | sposed 4. Securiti | ies Acquire | | lally | 5. Amo | | 6. Ov | vnership | 7. Nature | | |
| Da | | | | | ay/Year) | Exective (Fig. 1) (Exective (Fig. 1) (Exective (Fig. 1)) | | cution Date, | | ction nstr. | | Of (D) (Inst | | and 5) Securi Benefi Owned | | ies cially Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | | | | | |
| Common | Stock | | | 05/05/ | 2015 | | | | J ⁽¹⁾ | | 51.099 | A | \$38. | 9794 | 8,18 | 6.2679 | 579 D | | | | |
| Common | Stock | | | 06/11/ | 2015 | | | | P | | 120 | A | \$41. | 6667 | 8,30 | 8,306.2679 | | D | | | |
| Common | Stock | | | | | | | | | | | | | | 17 | ,779 I As trustee | | | | | |
| | | Т | able II | | | | | | , | | posed of converti | , | | • | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/ | | Code (| | of Deriv Secu Acqu (A) o Dispe | r osed) r. 3, 4 | 6. Date E Expiratio (Month/D | n Da | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se (In | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amour or Number of Shares | er | | | | | | | |
| Phantom | (2) | | | | | | | | (3) | | (4) | Common | 4 68 | , | | 4 682 | | D | | | |

Explanation of Responses:

- 1. Dividend reinvestment for 2015.
- 2. Each phantom stock unit exercises into 1 share of common Stock.
- 3. Phantom stock is exercisable after the directors' retirement as a Board member.
- 4. Phantom shares expire after the directors' retirement as a Board member.

Teresa A. Bartman, Attorney-

in-Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.