FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OIVID APPI	ROVAL
OMB Number:	3235-0287
Estimated average I	burden
hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c) See Instruction 10

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 0	ee manuchom i	0.																
Name and Address of Reporting Person* Smith Prior I			2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Smith Brian J									V	Director			10% Ov	vner				
(Last)	(Last) (First) (Middle)				,]							Officer (give title below)			Other (s below)	specify		
				3. Date of Earliest Transaction (Month/Day/Year)														
LAKELAND FINANCIAL CORPORATION			01/14/2025															
P.O. BOX 1387			4 If Amondment Date of Original Filed (Month/Day 0/5 and						6 Individual or Joint/Croup Filing (Chack Applicable									
(Ott)					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) WARSA	W IN		6581-13	07								V	Form filed by One Reporting Person				on	
WARSA	W IN		0381-13										Form filed by More than One Reporting Person				orting	
(City)	(St	ate) (2	Zip)															
		Table	I - Non	-Deriva	tive S	ecur	ities Acq	uired,	Dis	oosed of,	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)		5, 4 and Secur Benef Owne		ities Ficially (I		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(A) (D)	or F	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 01/14/			2025			Α		650	A	A	\$ <mark>0</mark>	40,785			D			
		Tal					ies Acqu /arrants,							Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		n Date,	Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Str.	Price of erivative ecurity astr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
							- 1 1		- 1		1	Amo	unt		I	- 1		I

Date Exercisable Expiration Date

Explanation of Responses:

Remarks:

/s/ Becka J. Turnbow, Attorney-in-Fact

or Number

Shares

Title

01/15/2025

** 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).

Code

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.

(D)

(A)