FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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			Washington,	D.C.	2054

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNEDSHID

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported.

Form 4 Transactions Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

21				or Section	on 30(h) of t	he Invest	ment	Company A	ct of 194	0								
1. Name a		2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																	
<u>KUBA</u>									2	X Directo		10% Owner		er					
(Last) (First) (Middle) 1401 E. NORTH SHORE DR					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010 X Officer (give title below) CEO										ecify				
(Street)				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)										cable				
SYRACUSE IN 46567				_	X Form filed by One Reporting Person Form filed by More than One Reporting											ng			
(City)	(S		(Zip)									<u> </u>	Person						
1. Title of S	ecurity (Instr.		le I - Non-Deri	2A. Deeme		3.		_	Disposed ecurities Acqu				y Owned		6.		7. Natı	ure of	
			Date (Month/Day/Year)	if any	Execution Date, if any (Month/Day/Year)		nsaction le (Instr.	(D) (Instr. 3, 4 and 5)					Securities Beneficially Owned at end		Owners Form: I (D) or	Direct Ben Own		eficial nership	
									ount	(A) or (D)	Price		Issuer's Fi Year (Instr 4)						
Common	Stock		12/31/2010		J4		J4 ⁽¹⁾	711		A	\$19	\$19.62		73	I		401(k) Plan		
Common Stock												113,980		D					
Common Stock													600				As Trust	:ee ⁽²⁾	
		-	Table II - Deriv (e.g.,	ative Secu puts, call:									Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number 6. Da		6. Date Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Tit Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) Beneficon Owned Follow Report Transa (Instr. 4)		tive Country C		Beneficial (D) Ownersh irect (Instr. 4)		
					(A)) (D)	Date Exercis	Expiration Date		Title	or Nu of	nount mber ares							
Restricted Stock Units	\$0 ⁽³⁾						02/05/2	2012	02/05/2012 ⁽⁴	Com Sto		2,557		12,5	57	D			
Restricted Stock Units ⁽⁵⁾	\$0						03/15/2	2012	03/15/2012 ⁽⁴	Com Sto),000		10,0	00	D			
Restricted Stock Units ⁽⁵⁾	\$0 ⁽³⁾						02/01/2	2013	02/01/2013 ⁽⁴	Com Sto),000		10,000		D			
Stock Options (Right to Buy)	\$17.185						12/09/2	2008	12/09/2013	Com Sto),000		20,000		D			
Stock Options (Right to Buy)	\$24.05						05/14/2	2013	05/14/2018	Com Sto		5,000		15,0	00	D			

Explanation of Responses:

- 1. Salary redirection to 401(k) plan for 2010.
- 2. The reporting person serves as co-trustee over his mother's trust.
- 3. Each Restricted Stock Unit exercises into 1 share of Common Stock.
- 4. Restricted Stock Unit awards are a conditional promise to transfer a share at a specific futurue date and do not have an expiration date.
- 5. The Restricted Stock Units are subject to forfeiture based on corporate performance criteria.

Teresa A. Bartman, Attorneyin-Fact

02/11/2011

** 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.