FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average t | ourden | | | | | | | | | |

0.5

hours per response:

| (| Check this box if no longer subject to |
|-----|--|
| | Section 16. Form 4 or Form 5 |
| (| obligations may continue. See |
| - 1 | nstruction 1(h) |

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] | | | | | | | | | ationship all appl Direct | , | g Per | son(s) to Is: | | |
|--|---|--|---|------------|------------------------------|--|--|-------|------------------------------------|-------|----------------------|--|---------------------------------------|------------------------|--|--|---|--|---|--|
| (Last) LAKEL | AND FINA | irst) (| (Middle) | N | 02/ | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2018 | | | | | | | | | below | | | Other (below) | | |
| (Street) WARSA (City) | | | 46581-1 (Zip) | .387 | - 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Indiv _ine) X | ' | | | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uriti | es Ac | quirec | l, Di | sposed | of, or Be | enefic | ially | Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Exe) if ar | 2A. Deemed Execution Date, f any | | 3. Transaction Code (Instr. | | | curities Acquired (A) o osed Of (D) (Instr. 3, 4 a | | | 5. Amou Securition Benefici Owned F | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | saction(s) r. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/05/2 | | | | | 2018 | 018 | | | J ⁽¹⁾ | V | 90 | A | \$48. | 2596 | 96 19,877 | | | D | | |
| Common | Stock | | | 05/07/2018 | | | | | | V | 107 | A | \$48. | 0595 | 95 19,984 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 26 | 26,668 | | 1 1 | As trustee | |
| | | Т | able II | | | | | | | | oosed of converti | | | | wned | | | <u> </u> | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | on Date, | 4. Transa Code (8) | | on of | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | De Se | Price of crivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Phantom Stock | (2) | | | | | | | | (3) | | (4) | Common | 11,82 | 4 | | 11,824 | , | D | | |

Explanation of Responses:

- 1. Dividend reinvestment for 2018.
- 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, Attorneyin-Fact 05/10/2018

** 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.