## 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

Machineton	D C	20540
Vashington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

Form 3 Holdings Reported

X Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					curities Exchi Company A									
1. Name and Address of Reporting Person* <u>BARTMAN TERESA A</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol LAKELAND FINANCIAL CORP [ LKFN ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Vice President & Controller							
(Last) (First) (Middle) 12139 SYRACUSE WEBSTER RD					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008													
(Street) SYRACUSE IN 46567  (City) (State) (Zip)				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Tab	le I - Non-Deri	vative Sec	curiti	es A	cquire	ed, D	Disposed	of, or l	Benefi	cially	y Owne	d				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			5. Amou Securitie Benefici Owned a		s ally	6. Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership			
			(Month/Day	(Month/Day/Year)		8)		unt	(A) or (D)	Price	l:		Fiscal tr. 3 and	(D) or Indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock		12/31/2008				J4 <sup>(1)</sup>		256	D \$21.58		58	6,484		I		401(k) Plan		
Common Stock													0		D			
		Т	able II - Deriva (e.g., p	tive Secu outs, calls									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of		es ` d ed		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		S (1	3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Owners Form: Direct (I or Indire (I) (Instr.	hip c E D) ( ect (	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Options (Right to Buy)	\$6.75						06/13/2	2005 06/13/2010		Commo Stock		0			1,500			
Stock Options (Right to Buy)	\$6.8125						01/09/2006		01/09/2011	Commo Stock		0		3,000		D		
Stock Options (Right to Buy)	\$17.185						12/09/2	2008	12/09/2013	Commo Stock		0		1,400	0	D		

## **Explanation of Responses:**

1. The number of shares represents equivalent shares based on the fair market value of the shares of Lakeland Financial Common Stock held by the unitized stock fund under the Lakeland Financial Corporation 401(k) Plan based on a report from the Plan Administrator dated as of December 31, 2008. The Reporting Person has an interest in the unitized fund, which holds shares of Lakeland Financial Corporation Common Stock and short-term investments.

Teresa A. Bartman, Attorneyin-Fact

02/11/2009

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.