FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| vvasiliigton, | D.C. | 20343 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average burden | | | | | | | |
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| Check | this box if no lo | onger subject to | | | | vvasii | iiigtoii, | D.C. 2 | .0040 | | | | | OMB | APPRO | DVAL |
|--|--|--|---|---|---|--|--|--------------------|---------------------|--|--|---|--|-----|---|---------------------------------------|
| obligation Instruc | n 16. Form 4 or tions may contil ction 1(b). 3 Holdings Rep | nue. See | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | Est | OMB Number: 3235-036 Estimated average burden hours per response: 1. | | | |
| Form | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | | | | |
| Name and Address of Reporting Person* HIATT THOMAS | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) LAKEL | AND FINA | rst) (| Middle) RATION | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020 | | | | | | Year) | Officer (give title Other (spec below) below) | | | | | |
| (Street) WARSA (City) | W IN | | 46581-1387 Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | son | | | | |
| (- 4) | | | e I - Non-Deriv | /ative Sec | uriti | es Ac | cauire | ed. D | isposed | of. or | Beneficia | ally Owne | d | | | |
| Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | or Disposed | 5. Amount of Securities Beneficially Owned at end | | Ownership Form: Direct | | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Month/Day/Year) | | ar) 8) | | Amou | | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | | | | nstr. 4) | |
| Common | Stock | | 12/31/2020 | | | J | (1) | | 600 | A | \$45.13 | 19,1 | 19,135 D | | | |
| Common | Stock | | 12/31/2020 | | | J | (1) | | 27 | A | \$45.13 | 5.13 1,057 I By | | | y Spouse | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 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. Nu of Deriv Secu Acqu (A) o Dispo of (D (Instrand S | rities ired r osed) : 3, 4 | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | tion Date Amount of | | nt of ties ying tive Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | (A) (D) Date Exerc | | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Phantom | (2) | | | | | | (3 | n | (4) | Comm | on 25 720 | 1 | ١ ,,, | 720 | ъ. | 1 |

Explanation of Responses:

- 1. Dividend Reinvestment for 2020.
- 2. Each phantom stock unit exersises 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

02/09/2021

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.