FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

| OMB APP | ROVAL | | | | | | | | |
|---|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden hours per response: 0. | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | 34 | | hou | ırs per re | esponse: | 0.5 | | | |
|---|---|--|--|---|---|-----------------|-------------------------------------|-----|---|--------------------------|---|--|---|--|--------------------------------------|--|--|------------|
| 1. Name and Address of Reporting Person* $\underline{Evans\ Daniel\ F}$ | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | |] (Ch | eck all appli | icable) or | Reporting Person(s) to Is ble) 10% C | | | | | |
| (Last) | ` | rst) NCIAL CORPO | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2020 | | | | | | | Officer (give title Other (specify below) below) | | | | specify | | |
| P.O. BOX 1387 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | _ | 40=04 400 | _ | | | | | | | | | - 1 | , | filed by C | ne Rep | orting Perso | on |
| WARSA | W IN | | 46581-138 | 7 | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | Execution Date, | | | Code (Instr. 5) | | | | | | Securition Benefici | Securities Beneficially | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | ode | v | Amount | (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Common Stock | | | | | | | | | | | | 21 | 21,060 | | D | | |
| 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 D if any (Month/Day) | oate, 1 | 4. Transaction Code (Instr B) | | Expiration Date (Month/Day/Year) | | | Ame Sec Und Der | itle and ount of curities derlying ivative Se itr. 3 and | | Derivative Security Se (Instr. 5) Be Ow Fo Re | | es ially ng ed etion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Date Exercisable

(2)

Expiration Date

(3)

Explanation of Responses:

Phantom Stock

- 1. Each Phantom stock unit exercises into 1 share of common Stock.
- 2. Phantom stock is exercisable after the directors' retirement as a Board member.

11/05/2020

3. Phantom shares expire after the directors' retirement as a Board member.

Teresa A. Bartman, Attorney-

Amount Number

99

11/06/2020

16,424

D

in-Fact

Title

Common Stock

** Signature of Reporting Person

Date

\$49.3193

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

(A) (D)

99

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.