FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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hours per response:

0.5

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

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

1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Durity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er		9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Tal									sed of, onvertib				Owne	d			
Common Stock														2	,875	I		401)k) Plan	
Common Stock			02/06/2024					Α		1,625	A	1	<del></del>		1,722	D			
Date			2. Transac Date (Month/Da	Execu ay/Year)   if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquirer Disposed Of (D) (Instrict)  Amount (A) or (D)		Instr. 3,		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Table	I - Nor	n-Deriva	l s	atisfy t	ne affirr	native d	lefense c	onditio	ons of Rule 10	0b5-1(c	). See Ir	structio	n 10.				
(City)	(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
(Street) WARSAW IN 46581-13			387										X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				- 1	
P.O. BOX 1387					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applical Line)					.	
(Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024									А		below) below) Executive Vice President				
Name and Address of Reporting Person*     Ottinger Eric H				2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP									k all app Direc Office	tor er (give title	ng Persor	10% Ov	vner		

**Explanation of Responses:** 

/s/ Becka J. Turnbow, Attorney-in-Fact

02/07/2024

Date

\*\* Signature of Reporting Person Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).