FORM 5

Form 3 Holdings Reported.

Form 4 Transactions Reported.

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

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Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL							
OMB Number:	3235-0362							
Estimated average burden								
hours per response	e: 1.0							

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. Title of Derivative Security (Instr. 3)	asion Da rcise (Me	Transaction	ble II - Derivat (e.g., pt 3A. Deemed Execution Date, if any (Month/Day/Year)	ive Securit uts, calls, v 4. Transaction Code (Instr. 8)	5. No of Derigon Secu Acqu (A) o	vative urities uired or	opti 6. Da	, Disp ions, o	convert	7. T Am Sec Und Der Sec		8. Price Deriva Securi (Instr.	ce of ative rity . 5)		er of e s ally		Benefici Ownersi (Instr. 4)	
Table I - Non-Der 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea Common Stock				ative Securities 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		Amoun		(A) or (D)	Price	Issuer's Fiscal Year (Instr. 3 an 4)		r. 3 and	Indirect (I) (Instr. 4)		(Instr. 4)	
			2. Transaction					4. Securities Acquired Of (D) (Instr. 3, 4 and		uired (A		sed 5. Amou Securitie Benefici Owned a		t of S Ily end of	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
(City)	(State)		Zip)									I	Persor	n *			- Ferming	
(Street) WARSAW	IN	4	.6581	4. If Amend	ment,	, Date o	of Orig	jinal File	d (Month/	Day/Ye		ine)	Form f	iled by O	ne Rep	ng (Check porting Pe an One Re		
(Last) P.O. BOX 1387	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2023								X Officer (give title Officer (specify below) SVP, Chief Accounting Officer								
1. Name and Address of Reporting Person* <u>Lahrman Brok A</u>				2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						

Explanation of Responses:

1. Salary redirection and/or dividend reinvestment in 401(k) plan for 2023.

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

02/14/2024

** Signature of Reporting Person

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.