FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20549 | |
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OMB APPROVAL 3235-0287 Estimated average burden 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1(c). S | ee Instruction 1 | 0. | | | | | | | | | | | | | | | | | | |
|---|---|---------|------|--------------|--|--------------|--|--|--|--------|---|-----------|-----------------|---|--|-------------------------------|--|--|---|--|
| Name and Address of Reporting Person* Pruitt Kristin | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP | | | | | | | | | | 5. Relationship of Reporting P (Check all applicable) Director | | | 10% Ov | vner | |
| | | | | | | | | | | | | | | | Office below | er (give title v) | | Other (s below) | specify | |
| (Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/19/2024 | | | | | | | | | | | Pres | sident | t | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) WARSAW IN 46581-1387 | | | | 387 | | | | | | | | | | | Line) Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (Sta | ate) (Z | Zip) | , | | | | | | | | | | | Perso | on | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Exe if an | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securition Disposed 5) | | | | | | nd Securit Benefit Owned | ties cially I Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) |) or) | Price | | ed ction(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock 11/19/2 | | | | | | /2024 | | | G | | 1,725 |] | D | \$0 | 19,327 | | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | , | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

Remarks:

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

11/19/2024

** Signature of Reporting Person Date

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.