FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

wasnington, D.C. 20

OMB APPROVAL											
OMB Number:	3235-0362										
Estimated average burden											
hours per response:	1.0										

Form 3 Holdings Reported.

Instruction 1(b)

rm 4 Transactions Reported

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

U FOIII 4	Transactions R	еропеа.		or Section	1 30(h)	of the	Invest	ment C	ompany Ad	ct of 194	0							
Name and Address of Reporting Person* NOWAK JAMES J					2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]							Che	ck all app	ctor		10%	Owner (specify	
(Last) (First) (Middle) 2227 S. COUNTRY CLUB RD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015						/Year)	X Officer (give title Other below) Vice President							
(Street) WARSAW IN 46580 (City) (State) (Zip)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transaction Date			2. Transaction	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				ed 5. Amo Securit Benefic		int of es ially	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
								Amour	nt	(A) or (D)	Price		Issuer's Fiscal			ect (I)	(Instr. 4)	
Common Stock			12/31/2015	J (1		l)	69		A	\$42.48	\$42.48		278		I	401(k) Plan		
	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	on se (Month/Day/Year) if any (Month/Day/Year) e e Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir (Mon	or Numb Expiration of			unt of rities rityling rative rity (Instr. 3 I) Amount or Number	nt er		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 t (Instr. 4)				

Explanation of Responses:

1. Salary redirection to 401(k) plan for 2015.

Teresa A. Bartman, Attorney-

in-Fact

** Signature of Reporting Person

Date

02/11/2016

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.