## FORM 5

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

Washington,	D.C.	20549
vvasinigton,	D.C.	20040

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPI	ROVAL						
	OMB Number:	3235-0362						
	Estimated average burden							
- 1	houre per reenonee	1.0						

Form 3 Holdings Reported.

Form 4 Transactions Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year		3A. Deemed Execution Date, if any	4. Transaction Code (Instr. 8) Se	5. Numbe of Derivative Securities Acquired (A) or Disposed	r 6. D Exp (Mo	tions, convertib pate Exercisable and piration Date ponth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		3. Price of Derivative Security Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownersh (Instr. 4)
		Та	ble II - Derivat								y Owne	d			
Common Stock 05		05/03/2021		S4		1,000	D	\$66	\$66.2842		,151	D			
Common	Common Stock		02/20/2019		S	4	1,400	D	\$4	\$47.874		29,151		D	
			(MOHUI/Day/Te	ai,   0)		Amount	(A) or	Price		Issuer's Fiscal Year (Instr. 3 and 4)				nstr. 4)	
Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.					sposed	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
		Table	e I - Non-Deriva	ative Secu	rities Ad	quire	ed, Dispose	d of,	or Ber	eficia	lly Own	ed			
(City)	(St	ate) (	(Zip)								Pers	on			
(Street) WARSA	W IN	4	46581-1387								Form	filed by M		oorting Per an One Re	
P.O. BOX 1387				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
		NCIAL CORPO	ORATION	3. Statemer 12/31/202		r's Fisc	al Year Ended (I	Month/I	Day/Yea	)					
(Last)	(Fi	rst) (	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)						_	Officer (give title below)			Other (specify below)	
Name and Address of Reporting Person*     ROSS STEVEN D			2. Issuer Name and Ticker or Trading Symbol  LAKELAND FINANCIAL CORP [ LKFN ]				(Ch	Relationship of Reporting Person(s) to Issu (Check all applicable)     X Director 10% Owner							

**Explanation of Responses:** 

/s/ Matt VanDeWielle, Attorney-in-Fact

Amount or Number

of Shares

02/07/2022

\*\* 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.

Date Exercisable Expiration Date