SEC Form 5

FORM 5

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

Form 3 Holdings Reported.

Form 4 Transactions Reported.

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 10b5-1(c). See Instruction 10

UNITED STATES SECURITIES	AND EXCHANGE COMMISSION
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Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average	burden							

hours per response 1.0

FINDLAY DAVID M (Last) (First) (Middle)		rson [*]	2. Issuer Name and Ticker or Trading Symbol <u>LAKELAND FINANCIAL CORP</u> [LKFN]		ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner Officer (give title Other (specify below) below)		
		,	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)		CEO	Sciew)	
LAKELAND F	INANCIAL CO	RPORATION	12/31/2023				
P.O. BOX 1387							
b			4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group Filing	g (Check Applicable	
(Street)				Line)			
WARSAW	IN	46581-1387		X	Form filed by One Repo	orting Person	
					Form filed by More thar Person	n One Reporting	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial
		(Month/Day/Year)	8)	Amount	(A) or (D)	Price	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	12/31/2023		J ⁽¹⁾	841	A	\$57.2	26,175	I	401(k) Plan
Common Stock	03/08/2023		J ⁽²⁾	3,000	D	\$0	0	Ι	By Spouse
Common Stock	03/08/2023		J ⁽²⁾	85,206	D	\$0	110,673	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 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)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

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

2. Total has been updated to reflect the transfer of 88,206 shares to the reporting person's ex-spouse pursuant to a divorce settlement. The reporting person no longer reports beneficial ownership of any shares held by ex-spouse.

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

02/14/2024

** 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.