FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average I	ourden							

0.5

hours per response:

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					0	r Sect	10n 30(n	) of tr	ie inv	estment	Com	ipany Act c	of 1940								
Name and Address of Reporting Person*     Pruitt Kristin					2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [ LKFN ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director							
(Last) (First) (Middle) 52041 CARDING MILL CT						3. Date of Earliest Transaction (Month/Day/Year) 01/01/2013										Officer below)	Other (s below) esident	респу			
(Street)	reet) RANGER IN 46530				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	(S	state)										Person									
		Tal	ole I - Nor	n-Deri	vativ	e Se	curiti	es A	cqu	ired, I	Disp	osed of	, or Be	nefi	cially	<b>Owned</b>					
[0				Date	2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date if any (Month/Day/Yea		Code (Inst			ties Acquired (A) I Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A) ( (D)	r P	rice	Transaction(s) (Instr. 3 and 4)					
Common Stock																20	00	D			
Common Stock																2,207				401(k) Plan	
			Table II -									sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemec Execution E if any (Month/Day	Date,	I. Fransaction Code (Instr. 3)				Expi	ate Exerciration D nth/Day/			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivatives Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I) Or Indirect (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable	Exp Dat	oiration e	Title	or Nu of	nount mber ares						
Restricted Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	01/01/2013			A		3,000		02/0	01/2016	02/	01/2016 <sup>(3)</sup>	Commor Stock	3,	000	\$0	3,000		D		
Restricted Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>								02/0	01/2015	02/	01/2015 <sup>(3)</sup>	Commor Stock	3,	000		3,000	)	D		
Restricted Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>								02/0	01/2013	02/	01/2013 <sup>(3)</sup>	Commor Stock	2,	000		2,000		D		
Restricted Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>								02/0	01/2014	02/	01/2014 <sup>(3)</sup>	Commor Stock	3,	000		3,000		D		
Stock Options	\$24.05								05/1	14/2013	05	5/14/2018	Common	5,	000		5,000		D		

## **Explanation of Responses:**

- $1. \ The \ Restricted \ Stock \ Units \ are \ subject \ to \ for feiture \ based \ on \ corporate \ performance \ criteria.$
- 2. Each Restricted Stock Unit exercises into 1 share of Common Stock.
- 3. Restricted Stock Unit awards are a conditional promise to transfer a share at a specific futurue date and do not have an expiration date.

Teresa A. Bartman, Attorneyin-Fact

01/03/2013

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.