FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

OMB APPROVAL OMB Number: 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). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Smith Brian J | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | | | | | | all applicable) Director Officer (give title below) | | ıg Peı | Person(s) to Issuer 10% Owner | |
|--|---|--|--|----------------------|--|----|--------|--------------|------------|------------------------------------|---|-----------------|--|------------------------------|--|--------------------------|--|--|--|----------------------------------|--|
| (Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/06/2017 | | | | | | | | | | | | | | | Other (below) | |
| (Street) WARSA (City) | | | 46581-138 | 87 | 4. If Amendment, Date of | | | | | of Original Filed (Month/Day/Year) | | | | | | | dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curiti | es Ac | cqu | ıired, | Disp | osed | of, or | Ben | eficia | lly C | Owne | d | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | " | Code (Instr. | | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | | 4 and Secur Benef Owne | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amoun | t | (A) or (D) | Price | Reporte Transac (Instr. 3 | | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | | | | | 17,907 | | | D | |
| Common Stock | | | | | | | | | | | | | | | 26,668 | | | I | As trustee | | |
| | | Т | able II - I | Derivat (e.g., pı | | | | | | | | | | | | y Ov | vned | | , | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. B) | | | | Exp | Date Exe piration onth/Day | Date | | and 7. Title and Amount of Securities Underlying Derivative 9 (Instr. 3 and | | | Deri Sec | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial! Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | piration ate | Title | 0 N | Amount or Jumber of Shares | 1 | | | | | |
| Phantom Stock | (1) | 07/06/2017 | | | A | | 570 | | | (2) | | (3) | Comn | | 570 | \$4 | 6.504 | 11,079 | | D | |

Explanation of Responses:

- 1. Each phantom stock unit exercises into 1 share of common Stock.
- 2. Phantom stock is exercisable after the directors' retirement as a Board member.
- 3. Phantom shares expire after the directors' retirement as a Board member.

Teresa A. Bartman, Attorneyin-Fact

07/07/2017

** 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.