FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|--|

OMB Number: 3235-0287 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

							511 50(1	., 01 111		Company /									
1. Name and Address of Reporting Person * $\underline{TUCKER\ TERRY\ L}$						2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 1510 COUNTRY CLUB DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 12/09/2003								Officer below)	(give title		Other (s below)	specify		
(Street) WARSAW IN 46580			46580		_ 4. If	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) (State) (Zip)													Persor	1					
		Tab	le I - Noi	n-Deriv	/ative	e Se	curiti	es A	cquired, [Dispose	d of, or I	3ene	ficially	/ Owned	ł				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar) i	2A. Dee Executi f any (Month	on Dat	Code (Ir	e, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			s For ally (D) following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	V Amou	nt (A) or)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		٦							quired, Di					Owned					
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/Da	ed Date,	4. Transaction Code (Instr. 8)		5. Number of		S, Options, conver 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title of Secu Underly Derivati	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)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Nui of	ount nber ures						
Stock Options (Right to buy)	\$13.5								06/13/2005	06/13/201	O Commo Stock	n 5	000		500		D		
Stock Options (Right to buy)	\$13.625								01/09/2006	01/09/201	1 Commo Stock	n 1,	000		1,000)	D		
Stock Options (Right to buy)	\$15.125								02/08/2005	02/08/201	O Commo Stock	n e	600		600		D		
Stock Options (Right to buy)	\$19.4375								02/09/2004	02/09/200	Gommo Stock	n 5	75		575		D		
Stock Options (Right to buy)	\$28								05/12/2003	05/10/200	8 Commo Stock	n g	25		925		D		
Stock Options (Right to buy)	\$34.37	12/09/2003			A	v	500		12/09/2008	12/09/201	3 Commo Stock	n 5	600	\$0	500		D		
Phantom Stock	\$0								01/01/2003	01/01/200	3 Commo Stock	ⁿ 4,3	78.2		4,378.	2	D		
Phantom Stock	\$0								01/07/2003	01/07/201	3 Commo Stock	n 29	97.3		297.3	3	D		
Phantom Stock	\$0								01/28/2003	01/28/201	3 Commo Stock	n 3	3.8		33.8		D		
Phantom Stock	\$0								04/28/2003	04/28/201	3 Commo Stock	n 3	3.7		33.7		D		
Phantom Stock	\$0								07/10/2003	07/10/201	Commo	n 26	64.5		264.5	5	D		
Phantom Stock	\$0								07/30/2003	07/30/201	3 Commo Stock	n	28		28		D		
Phantom Stock	\$0						T		10/27/2003	10/27/201	3 Commo Stock	n	28		28		D		

Teresa A. Bartman, Attorney- 12/10/2003 in-Fact

** 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.