## FORM 5

Form 3 Holdings Reported.

Form 4 Transactions Reported

Check this box to indicate that a

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**

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## **ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average	burden								
hours per response	e: 1.0								

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

Security or Exer (Instr. 3) Price o Derivat	of 2. Conversion Date Secution Date, (Month/Day/Year)		4. 5 Transaction Code (Instr. 8)	es Acq arrants  5. Number  of Derivative Securities Acquired A) or Disposed  of (D) Instr. 3, 4	Number 6. Da Expi (Mor curities quired or spoosed (D)		l, Disposed of, ions, convertibute Exercisable and ration Date htth/Day/Year)		Beneficia securities fitte and ount of curities derlying ivative curity (Instr. and 4)	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indire (I) (Instr.	(D) Beneficia Ownersh rect (Instr. 4)	
Common Stock  Common Stock		12/31/2023		<b>J</b> (1)		1,0	051	A	\$57.2		2,026		D I		401(k) Plan	
1. Title of Security (	nstr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		Of (D) (Instr. 3, 4 a		) or Price		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
(City)		Zip) e I - Non-Deriva	ative Securit	ties Ac	quire	ed, Dis	posed o	f, or	Benefic	ially	y Own	ed				
(Street) WARSAW	IN .	46581-1387							Li	ine) X		filed by O filed by M on				
(Last) LAKELAND F P.O. BOX 1387	INANCIAL CORPO	(Middle) ORATION	Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)						ar) 6.	Senior Vice President  6. Individual or Joint/Group Filing (Check Applicable						
1. Name and Address Steiner Jonat	2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [ LKFN ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title below) below)								

## **Explanation of Responses:**

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

/s/ Becka J. Turnbow, 02/14/2024 Attorney-in-Fact

\*\* Signature of Reporting Person

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.