FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| vvasimigton, | D.C. | 20040 |

| STATEMENT | OF CHANG | ges in Benefi | ICIAL OWNERS | SHIP |
|-----------|----------|---------------|--------------|------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| 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

| 1. Name and Address of Reporting Person* Smith Brian J | | | | | LA | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | |] (Ch | elationship eck all app X Direct | icable) | ng Per | rson(s) to Is: 10% Ov | |
|---|---|--|---|----------------------------|---|--|--|-----------|--|---------------------------|-------------------------|---|------------------------------------|---|---|--|--------------------|--|--|
| (Last) | (Fi | rst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/10/2023 | | | | | | | | Office below | r (give title) | | Other (s below) | specify | |
| LAKELAND FINANCIAL CORPORATION P.O. BOX 1387 | | | | 4. If A | . , , , , | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) WARSAW IN 46581-1387 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | | (Zip) | n-Deriv | S | Check | this bo | ox to inc | Transa | ansa | ction was ns of Rule | made pu 10b5-1(c | rsuant). See | Instruct | ion 10. | | en plan | that is intend | ded to |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | action | 2A. Deemed Execution Date, | | 3. Transact | 3. 4. Secu Transaction Dispose Code (Instr. 5) | | urities Acquired (A) eed Of (D) (Instr. 3, 4 | | (A) or | 5. Amor Securit Benefic | ınt of es ially Following | Form (D) o | n: Direct or Indirect onstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amoun | nt (A) or Pric | | Price | Transa (Instr. 3 | ction(s) | | | (Instr. 4) |
| | | Та | | | | | | | uired, Di | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Or No Expiration of | | or Nu of | ımber | | | | | | |
| Phantom Stock | (1) | 07/10/2023 | | | A | | 357 | | (2) | | (3) | Commo Stock | n 3 | 357 | \$48.9698 | 17,826 | | 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.

/s/ Becka J. Turnbow, Attorney-in-Fact 07/10/2023

** 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.