Instruction 1(b).

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/19
wasiiiigton,	D.C.	20349

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

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average	burden								
houre ner reenone	۰ 1 (								

Form 3	3 Holdings Rep	orted.																
Form 4	1 Transactions I	Reported.	F	led pursuant or Secti					curities Excha Company Ad			ı						
1. Name and Address of Reporting Person*  KUBACKI MICHAEL L				2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [ LKFN ]							S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) (First) (Middle) 1401 E. NORTH SHORE DR					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013							7	X Officer (give title Other (specify below)  CEO					
(Street) SYRACUSE IN 46567					4. If Amendment, Date of Original Filed (Month/Day/Year)  Control of Date													
(City)	(S		(Zip)		Person													
1 Title of S	ocurity (Instr		ole I - Non-Deri	vative Se		ies A	Acquir						1		6.	I.	7. Natur	o of
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			Execution I	Execution Date, if any		Transaction Code (Instr.		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			oseu Oi	Securities Beneficially		Owner y Form:		Indirect Benefic	ect eficial	
				(Month/Day	(Month/Day/Year)		8)		ount	(A) or (D) Price			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock		12/31/2013			<b>J</b> (1)		448		A	\$30	).18	24,9	24,929		I 401(k		Plan	
Common	ommon Stock												147,8	880 I		)		
Common	on Stock													0		I As Trus		e <sup>(2)</sup>
		-	Table II - Deriv (e.g.,	ative Seco									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispo of (D (Insti	5. Number of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Amou Secu Unde Deriv	e and int of rities rlying ative Se . 3 and 4				per of ve les ially ng ed etion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercis	able	Expiration Date	Title	OI N Oi	umber						
Restricted Stock Units <sup>(3)</sup>	\$0 <sup>(4)</sup>						02/01/2	2014	02/01/2014 <sup>(5</sup>	)	Common Stock 14,			14,040		D		
Restricted Stock Units <sup>(3)</sup>	\$0 <sup>(4)</sup>						02/01/2015		2015 02/01/2015 <sup>(5)</sup>		Common Stock 12,0			12,000		D		
Stock Options (Right to Buy)	\$24.05						05/14/2	2013	05/14/2018	Comi		5,000		15,0	000	D		
Restricted Stock	\$0 <sup>(4)</sup>						02/01/2	2016	02/01/2016 <sup>(5</sup>	Comi		2,000		12,0	000	D		

## **Explanation of Responses:**

Units(3)

- 1. Salary redirection to 401(k) plan for 2013.
- 2. The reporting person serves as co-trustee over his mother's trust.
- 3. The Restricted Stock Units are subject to forfeiture based on corporate performance criteria.
- 4. Each Restricted Stock Unit exercises into 1 share of Common Stock.
- 5. 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, Attorney-

02/13/2014

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.