FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CH |
|--|-----------------------|
| obligations may continue. See | Filed correspond to C |
| Instruction 1(b). | Filed pursuant to S |

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Smith Brian J | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | | | | | heck all | | icable) | ıg Pei | rson(s) to Iss 10% Ov | ner | |
|---|---|--|--|----------------------|---|---|-----|-----|--|-----------------|------------------------------|----------------------|-------------------------------|---|--------------------------------|------------|-------------------------------------|--|--------|--|--|--|
| (Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2019 | | | | | | | | | | | fice | r (give title) | | Other (s | specify | |
| (Street) WARSA | W IN | | 46581-138 | 87 | 4. If Amendment, Date of Original | | | | | | ginal Filed (Month/Day/Year) | | | | | ne) X F | orm orm | or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| (City) | (S | | (Zip) | | <u></u> | _ | | | | | | | | | <u>.</u> | | | | | | | |
| Date | | | 2. Transa Date (Month/I | action | ar) | 2A. Deemed Execution Date if any (Month/Day/Yea | | е, | 3. 4. | | 4. Secu Dispose | curities Acquired (A | | | o) or 5. At Section 5. Bendary | | unt of ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | V | Amoun | | (A) or (D) | Price | (Ins | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common | mon Stock 07/0 | | | 07/09 | 9/2019 | 9 | | | | A | | 650 |) | A | \$0 | | 22 | 2,422 | | D | | |
| Common | Stock | | | | | | | | | | | | | | | | 26 | 5,668 | | I As truste | | |
| | | Т | able II - I | Derivat (e.g., pı | | | | | | | | | | | | / Own | ed | | | | <u> </u> | |
| 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. 8) | | | | 6. Date Exercisat Expiration Date (Month/Day/Year) | | | | Amor Secu Unde Deriv | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | | 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) | Dat Exe | te ercisable | | piration ite | Title | 0 N 0 | umber | | | | | | | |
| Phantom Stock | (1) | 07/05/2019 | | | Α | | 538 | | | (2) | | (3) | Com | | 538 | \$46.48 | 34 | 13,768 | | 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

07/09/2019

** 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.