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,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

OWNERSHIP

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

	OMB APP	ROVAL
	OMB Number:	3235-0362
1	Estimated average I	nurdon

1.0

hours per response:

Form 3 Holdings Reported.

Instruction 1(b)

U Form	4 Transactions					,		ent Company /	ACI OI 1940)					
1. Name and Address of Reporting Person* BARTMAN TERESA A			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 V Officer (give title Other (specify						
(Last) (First) (Middle) 12139 SYRACUSE WEBSTER RD					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008						X Unicer (give title Other (specify below) Vice President & Controller				
(Street) SYRACUSE IN 46567				4. If Amer	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)	(Si		(Zip)								Pers				
			le I - Non-Deri	1		es A	.	•			-		1.		
1. Title of S	1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution D	Execution Date,			4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of		Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership	
							4	Amount	(A) or (D)	Price	Issuer's Year (In 4)	Fiscal str. 3 and	Indire (Instr		(Instr. 4)
Common Stock 12/31/2007					(1)	157	A	\$22.52	: 6,	6,740		I 401(k) Plan			
		Т	able II - Deriva (e.g., ¡	ative Secu outs, calls											
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea	Date	ate Execution Date, Indicate If any				o, op	,		curities					
	Derivative	(Wollunday/real)	if any ´	Transaction Code (Instr. 8)	5. Nui of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	rative rities ired r osed)		exercisable and on Date	7. Title Amoun Securit Underly	and t of es ring ive Security	8. Price of Derivative Security (Instr. 5)		e es ally g	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)
	Derivative	(worming ay, rear)	if any ´	Transaction Code (Instr.	of Deriva Secur Acqui (A) or Dispo of (D) (Instr.	rative rities ired r osed)	6. Date E Expiratio	Exercisable and on Date Day/Year)	7. Title Amoun Securit Underly Derivat (Instr. 3	and t of es ring ive Security	8. Price of Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported Transacti	e es ally g	Ownersh Form: Direct (D or Indire	of Indirect Beneficial Ownership (Instr. 4)
Stock Options (Right to buy)	Derivative	(worlding ay, real)	if any ´	Transaction Code (Instr.	of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	rative rities ired r osed) : 3, 4	6. Date E Expiratio (Month/D	Expiration Date Expiration Date	7. Title Amoun Securit Underly Derivat (Instr. 3	Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported Transacti	e es ally g i di dion(s)	Ownersh Form: Direct (D or Indire	of Indirect Beneficial Ownership (Instr. 4)
Options (Right to	Derivative Security	(world Day/real)	if any ´	Transaction Code (Instr.	of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	rative rities ired r osed) : 3, 4	6. Date E Expiratio (Month/D	Expiration Date Day/Year) Expiration Date 06/13/2010	7. Title Amoun Securit Underly Derivat (Instr. 3	Amount of Number of Shares	8. Price of Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e e e e e e e e e e e e e e e e e e e	Ownersh Form: Direct (D or Indire (I) (Instr.	of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Salary redirection to 401(k) plan for 2007.

Teresa A. Bartman

02/11/2008

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

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.

^{*} 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).