Instruction 1(b)

Form 3 Holdings Reported.

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

OWNERSHIP

ANNUAL	. STATEMENT	OF CHANGES IN	BENEFICIAL

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

Form 4 Transactions Reported. 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* ROSS STEVEN D				2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 187 EMS T46 LN				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015							/Year)	Officer (give title below)				Othe belo	er (specify w)
(Street) LEESBUR (City)	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)		or Disposed	Securit Benefic		ies O		ership n: Direct	7. Nature of ndirect Beneficial Ownership			
			(MOHUI/Day/Teal)		al) o)		Amour	nt	(A) or (D)	or Price		Issuer's Fiscal Year (Instr. 3 and 4)			ect (I)	(Instr. 4)	
Common Stock			12/31/2015		J (1)	469 A		A	\$42.48		21,468			D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
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 Dispe	civative curities quired or posed D) str. 3, 4		te Exercisable and ration Date th/Day/Year) Expiration cisable Date		Amo Secu Unde Deriv Secu and	le and unt of rities ritying rative rity (Instr. 3 1) Amount or Number of Shares	-		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

1. Dividend reinvestment for 2015.

Teresa A. Bartman, Attorneyin-Fact

** Signature of Reporting Person

Date

02/11/2016

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.