KUBACKI MICHAEL L

Form 4

January 09, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

Estimated average burden hours per

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Check this box

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading KUBACKI MICHAEL L Issuer Symbol LAKELAND FINANCIAL CORP (Check all applicable) [LKFN] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) LAKELAND FINANCIAL 01/08/2019 CORPORATION, P.O. BOX 1387 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

WARSAW, IN 46581-1387

(State)

(Zip)

(City)

Table I - Non-Derivative Securities Acquired, Disposed of, or Reneficially Owned

| · · · · · · | · · · · · | 1 abie | : 1 - Noll-De | erivative s | securi | ues Ac | quirea, Disposea | oi, or beneficia | ny Owned |
|-----------------|---------------------|--|---------------|-----------------|-----------|--------|------------------|------------------|----------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties | | 5. Amount of | 6. Ownership | 7. Nature of |
| Security | (Month/Day/Year) | Month/Day/Year) Execution Date, if TransactionAcquired | | | | r | Securities | Form: Direct | Indirect |
| (Instr. 3) | | any | Code | Disposed of (D) | | | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, | 4 and | 5) | Owned | Indirect (I) | Ownership |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | | () | | Reported | | |
| | | | | | (A) | | Transaction(s) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 01/08/2019 | | A | 650 | A | \$0 | 226,969 | D | |
| Common Stock | | | | | | | 40,682 | I | 401(k) Plan |

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. onNumber | 6. Date Exerc Expiration D | | 7. Title Amount | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|--------------------------------------|------------------|-----------------|----------------|-------------------------------|--------------------|----------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month Day/Tear) | (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/ e | | Underly Securitie | Underlying Securities (Instr. 3 and 4) | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Number | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KUBACKI MICHAEL L LAKELAND FINANCIAL CORPORATION P.O. BOX 1387 WARSAW, IN 46581-1387

Signatures

Teresa A. Bartman, Attorney-in-Fact

01/09/2019

X

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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