FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | DVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* LEISTER V B | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [BUSE] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| LEISTER V D | | | | | | | | | | | | | | | X Director | | | 10% Owner | | |
| (Last) (First) (Middle) 1808 BENTBROOK DR. | | | | | | of Earlies 2005 | t Tran | saction (N | /lonth | /Day/Year) | | Officer (give title Other (specify below) below) | | | | | | | | |
| , | | | | | _ 4. I | f Am | nendment, | Date | of Origina | l File | d (Month/D | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) CHAMPAIGN IL 61821 | | | | | _ | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | reisui | 1 | | | | |
| | | Tab | le I - No | n-Deriv | /ative | e Se | ecuritie | s Ac | quired | , Dis | posed c | of, or Be | enefic | ially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | action Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | | | ed (A) o str. 3, 4 a | 4 and Securit Benefic Owned | | s lly ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | nt (A) or (D) | | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | | | | | | | | | | | | | | | 24, | 115 | | D | | |
| Common | | | | | | | | | | | | | 3,375 | | | I | Carter's Moving & Storage | | | |
| Common | | | | | | | | | | | | | 15,000 | | 000 | I | | Spouse | | |
| Common | | | | | | | | | | | | | 2,130 | | I | | Custodian for Children | | | |
| | | Т | | | | | | | | | osed of | | | | Owned | | | ' | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | ed i Date, | 4. Transa Code (8) | ctio | 5. Nun n of | nber tive ties red sed | 6. Date E Expiratio | , options, converti 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | . Price of Perivative Pecurity Pecurity Pecurity | | | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Stock Option | \$19.83 | 04/26/2005 | | | A | | 4,500 | | 01/21/20 | 06 | 12/15/2009 | Common | 4,50 | 00 | \$0 ⁽¹⁾ | 4,500 | 0 | D | | |
| Stock Option | \$11.92 | | | | | | \top | | 01/15/20 | 02 | 12/15/2005 | Common | 4,50 | 00 | | 9,000 | 0 | D | 1 | |
| Stock Option | \$18.07 | | | | | | \top | | 01/21/20 | 05 | 12/15/2008 | Common | 4,50 | 00 | | 13,50 | 00 | D | | |

Explanation of Responses:

1. Stock options acquired - no price since securities have not yet been purchased.

04/28/2005 Barbara J. Kuhl - POA

** Signature of Reporting Person

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

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).