FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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*     Bowe Monica L						2. Issuer Name <b>and</b> Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [ BUSE ]									k all app Direc	licable)	ting Person(s) to		wner
(Last) (First) (Middle) 100 WEST UNIVERSITY AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023									below			below)	´	
(Street) CHAMPAIGN IL 61820				4. If	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					
(City)	(Sti		Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
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Dat			2. Transaction Date (Month/Day/Y	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		e,	3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and 5)		5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				,iiisu. 4)	
Common Stock			09/29/202	23 09/		9/202:	3	P		24 <sup>(1)</sup>	A	\$21.632	26	2,169			I	Employee Stock Purchase Plan	
Common Stock 09/2				09/29/202	23 09/29		9/202	3	P		58 <sup>(2)</sup>	A	\$16.33	7	2,227			I	Employee Stock Purchase Plan
Common	Stock			10/27/202	23 10/27		7/202	3	A		439(3)	A	\$0		40,148			D	
		Ta	ble I	I - Derivati											Owned	t			
1. Title of	2.	3. Transaction	120		1ts, c	alls, v	varra 5. Nu		· ·		convertib		e and	_	Price of	9. Numbe		10.	11. Nature
Derivative Security (Instr. 3)	titive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Trans	Transaction of Code (Instr. 8) So A(A)		rative rities ired r osed ) : 3, 4	Expiration (Month/Da		Date	Amou Secu Unde Deriv	unt of rities rlying ative rity (Instr.	Der Sec	erivative ecurity nstr. 5)	derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
					Code	· V	(A)	(D)	Date Exe	e rcisable	Expiration e Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Shares were acquired through dividend reinvestment in the First Busey Corporation Employee Stock Purchase Plan.
- 2. Shares were purchased through the First Busey Corporation Employee Stock Purchase Plan.
- 3. Represents dividend equivalent rights accrued on Restricted Stock Units in conjunction with the payment of a cash dividend on First Busey Corporation Stock. Each dividend equivalent right is the economic equivalent of one share of First Busey Corporation Stock.

## Remarks:

/s/ Catherine Algallaf, 10/31/2023 attorney-in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.