FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington

n. D.C. 20549	F		
II, D.C. 20049	ll l	OMB API	DE
	ll l	I OIVID AFI	ГΓ

OMB Number:	3235-0287
Estimated average bu	rden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL						
OMB Number: 3235-0287						
Estimated average burden						
hours per response:						

1. Name and Address of Reporting Person* MILLS LINDA M						2. Issuer Name and Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [BUSE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last)	(Fi	rst)	(Middle))		3. Date of Earliest Transaction (Month/Day/Year) 08/06/2003									Officer (give title Other (specify below) below)						
(Street) CHAMPAIGN IL 61821 (City) (State) (Zip)					4. li	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 Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			ion	n 2A. Deemed Execution Date,		3. 4. Securities Acc					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)				, ,			
Common				08/06/2003				M		3,000	A	\$18.25	688,200		D						
Common				08/06/2	.003			S		2,191	D	\$25	686,009		D						
Common												15,000					fills Family oundation ⁽¹⁾				
Common														987,52	23	I		Spouse			
Common													7,710				401(k)/Profit Sharing Plan				
Common													25,376.2124		I		ESOP Plan - Spouse				
Common													1,000,000		I		Mills Investment ⁽²⁾				
		7	able								sposed of , converti										
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa	5. Number of Expire ode (Instr. Derivative (Mont		Date Exercisable and chiration Date Ionth/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		nd Amoun ities ng e Security	Derivative Security (Instr. 5) Bene Owne Follo Repo		rities Form Pricially Director or Incomposed (I) (Instance) Priced Seaction(S)								
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	1							
Stock Option	\$18.25	08/06/2003	08/	/06/2003	M			3,000	01/19/2000		01/19/2000 12/15/2003 Common 3,000		\$18.25		0		D				
Stock Option	\$20.0625								01/16/2001 02/15/2004		Common	3,000		3,000 ⁽³⁾		D					
Stock Option	\$17.875								01/15/2002		5/2002 12/15/2005		3,000		3,000 ⁽³⁾		D D				
Stock Option	\$12.13								01/01	/2002	12/31/2005	Common	16,000)	16	,000 ⁽³⁾	(3) I		Spouse		
Stock Option	\$16.75								07/01/2003		09/30/2004	Common	4,642		4,642 ⁽³⁾		I		Spouse		
Stock Option	\$20.0625								01/16/2001		01/16/2001 1		12/15/2004	Common	15,000	15,0		000 ⁽³⁾ I		I	Spouse
Stock Option	\$17.857								01/15	/2002	12/15/2005	Common	15,000	0 15,000 ⁽³⁾			I	Spouse			
Stock Option	\$21.839	205:							04/16	5/2005	12/16/2010	Common	30,000	0 30		,000 ⁽³⁾	000 ⁽³⁾ I		Spouse		

- 1. Linda M. Mills is President of the Mills Family Foundation
- 2. Mrs. Mills' spouse is general partner for Mills Investment
- 3. Stock Options have not been exercised $\,$

<u>Attorney</u>

** Signature of Reporting Person

Date

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.