FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL					
OMB Number:	3235-0104					
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

1. Name and Address of Reporting Person* 2. Date of Event Requiring Statem (Month/Day/Year) (Month/Day/Year) (19/25/2019)			3. Issuer Name and Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [BUSE]								
(Last) (First) (Middle) 100 WEST UNIVERSITY AVENUE (Street) CHAMPAIGN IL 61820 (City) (State) (Zip)				tionship of Reporting Perso all applicable) Director Officer (give title below)	on(s) to Issue 10% Owne Other (spe below)	er	(Mon	th/Day/Year) dividual or Joint cable Line) Form filed by	te of Original Filed (Group Filing (Check One Reporting Person More than One erson		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				int of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock				3,005	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			3. Title and Amount of Se Underlying Derivative Se		rity (Instr. 4) Conv		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	,	Amount or Deri Secu Number of Shares		tive	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Mary Lakey, attorney-infact 09/30/2019

** 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 5 (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.