FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFI	CIAL OWNE	RSHIP

	OMB APPRO	VAL
I	OMB Number:	3235-0287
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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(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*  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) Director X 10% Owner														
(Last) (First) (Middle) 2123 SEATON COURT						3. Date of Earliest Transaction (Month/Day/Year)  07/23/2004  Officer (give title below)  Other (specify below)														
					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 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																
(City)	(S	tate)	(Zip)												Person				торого	9
		Tab	le I -	Non-Deri	vativ	e Sec	urit	ies A	Acqui	red,	Disposed	of, or E	Benefic	cial	ly Owned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			- 1	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nat Indire Benef Owne	ct icial rship		
								Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and					(Instr. 4)		
Common 02			07/23/20	04	07/2	23/20	04	M		3,000	A	\$20.062	25	689,00	9	D				
Common															18,000	)	D <sup>(1)</sup>			
Common													1,014,065		I		Spouse			
Common													25,508.4413		I		ESOP Plan			
Common												5,327.054		I		401(k) Profit Sharing Plan				
Common												1,000,0			Mills Investment <sup>(2)</sup>					
		7	able								isposed o				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, , th/Day/Year)	4. Transa Code 8)	action (Instr.	of Deri Sec Acq (A) o Disp of (I	oosed O) tr. 3, 4	Expiration (Month/I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	: rcisabl	Expiration e Date	Title	Amou or Numb of Share	ber						
Stock Option	\$20.0625	07/23/2004	0	7/23/2004	M			3,000	01/1	16/2001	02/15/2004	Commo	on 3,00	00	\$20.0625	3	,000	I	)	
Stock Option	\$27.1								01/2	21/2005	5 12/15/2008	Commo	on 3,00	00		3	3,000 D		)	
Stock Option	\$17.875								01/1	15/2002	2 12/15/2005	Commo	on 3,00	00		3,000		I	)	
Stock Option	\$17.875								01/1	15/2002	2 12/15/2005	Commo	on 15,00	00		15,000			[	Spouse
Stock Option	\$21.839								04/1	16/2005	5 12/16/2010	Commo	on 30,00	00		30	0,000		1	Spouse

## **Explanation of Responses:**

- 1. Linda M. Mills is President of the Mills Family Foundation
- 2. Mrs. Mills spouse is general partner for Mills Investment

Nicole M. Warren - POA

07/25/2004

\*\* 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.