FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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*				2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MILLS LINDA M					FIRST BUSEY CORP /NV/ [BUSE]								Director X 10% Owner						
(Last) 2123 SE	(F ATON COU	irst) JRT	(Middle)			Date o		st Trans	saction	(Mont	h/Day/Year)		Officer (give title Other (specify below) below)						
					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) CHAMP	AIGN II	_	61821											X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)											Person					
		Ta	ble I - I	Non-De	rivativ	/e Se	curiti	es Ac	quire	ed, D	isposed of	f, or Be	neficia	lly Owned					
		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Date,				urities Acquired (A) or sed Of (D) (Instr. 3, 4 and 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	s) !)		(,	
Common														1,038,01	.3	D			
Common												30,000				lls Family undation ⁽¹⁾			
Common 03/29		03/29/	/2005	05			G		86	D	\$0.00	1,512,511		I Spo		ouse			
Common	Common 0		08/29/	/2005				M		22,500	A	\$11.92	92 1,535,011		I Spou		ouse		
Common		04/22/2005					L		363.8254	A	\$19.24	1,550,363.8		I Mil Inv		restment			
Common												38,420.24	38,420.2403			OP Plan Spouse			
Common												9,292.7949		I Sh		l(k) Profit aring Plan Spouse			
			Table								sposed of, , convertib			y Owned		,	,	`	
1. Title of Derivative Conversion Security (Instr. 3) 2. Conversion Date (Month/Day/Year Derivative Security			Execution if any			5. Number of Derivative Securities Acquired (A or Disposed of (D) (Instr. 4 and 5)		tive ties red (A) posed (Instr. 3,	Expiration Date (Month/Day/Year)		Date	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security	derivative Securities Beneficially Owned		Form: Direct (D) or Indirec	Ownership of Indirect Form: Beneficial	
					Code	v	(A)	(D)	Date Exer	: cisabl	Expiration Date	Title	Amoun or Numbe of Shares	r	(Instr. 4)				
Stock Option	\$19.83	04/26/2005			A		3,000		01/2	21/2006	5 12/15/2009	Commor	3,000	\$19.83	:	3,000	D		
Stock Option	\$18.07								01/2	21/2005	5 12/15/2008	Commor	4,500)		4,500	D		
Stock Option	\$19.59								09/1	14/2007	7 09/14/2009	Commor	40,00) .		40,000		Spouse	
Stock Option	\$14.56								04/1	16/2004	12/16/2010	Commor	45,00	0	4	15,000	I	Spouse	
Stock Option	\$11.92	08/29/2005			P		Г	22,500	01/1	15/2002	2 12/15/2005	Commor	22,50	0 \$11.92		0	I	Spouse	
	n of Resnons		1				1				1			1				1	

- 1. Linda M. Mills is President of Mills Family Foundation
- 2. Mrs. Mills' spouse is general partner of Mills Investment LP $\,$

Barbara J. Kuhl as attorney in

08/31/2005

fact

** 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.