FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* KUHL P DAVID | | | | | | 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 Officer (give title Other (specify | | | | | |
|--|---|--|---|-------|-------------------------------|--|--------|---|---|--|------------------------|---|---|---|--|------------------------|---|---|--|
| (Last) 101 GRE | , | (First) (Middle) CROFT DR. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2006 | | | | | | | | X Officer (give title Other (specify below) Chairman and CEO of Busey Bank | | | | | |
| (Street) CHAMPAIGN IL 61821 | | | | | 4.1 | 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 | | | | | |
| (City) | | | | | | | | | | | | | | | Person | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | ction | on 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5) | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction((Instr. 3 and | s) 4) | | (In | str. 4) | |
| Common Stock | | | | | | | | | | | | | | 144,40 | 4 | D | | | |
| Common Stock | | | | | | | | | | | | | 500.031 | | I | fo | stodian Sydney ihl | | |
| Common Stock | | | | | | | | | | | | | | 25,745.658 | | I | ESOP | | |
| Common Stock | | | | | | | | | | | | | 9,526.1379 | | I | | 1(k)/Profit aring Plan | | |
| Common Stock | | | | | | | | | | | | 104,045 | | I | Spouse | | | | |
| Common Stock | | | | | | | | | | | | 14,443.546 | | I | Spouse ESOP | | | | |
| Common Stock | | | | | | | | | | | | | 6,912.8502 | | I | I Spot 401(Shar | | | |
| | | - | Гable II | | | | | | | | posed of, convertil | | | Owned | | | · | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Execution if any (Month/E | | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/\) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (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. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option | \$20.16 | 05/16/2006 | | | A | | 15,000 | | 01/26/2 | :009 | 12/15/2011 | Common Stock | 15,000 | \$20.16 | 15,000 | | D | | |
| Stock Option | \$14.56 | | | | | | | | 04/16/2 | 2005 | 12/16/2010 | Common Stock | 30,000 | | 30 | 0,000 | D | | |
| Stock Option | \$19.59 | | | | | | | | 09/14/2 | 2007 | 09/14/2009 | Common Stock | 23,000 | | 2: | 3,000 | D | | |
| Stock Option | \$19.59 | | | | | | | | 09/14/2 | 2007 | 09/14/2009 | Common Stock | 23,000 | | 23 | 3,000 | I | Spouse | |
| Explanation | of Respons | ses: | | | | | | | | | | | | | | | | | |

/s/ P. David Kuhl

05/17/2006

** Signature of Reporting Person

Date

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

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.

^{*} 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).