## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| W | asl | ning | ton, | D.C. | 20549 |  |
|---|-----|------|------|------|-------|--|
|   |     |      |      |      |       |  |

| STATEMENT OF ( | CHANGES IN BENEFI | ICIAL OWNERSHIP |
|----------------|-------------------|-----------------|

| OMB APPRO              | DVAL                                  |
|------------------------|---------------------------------------|
| OMB Number:            | 3235-0287                             |
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| hours per response:    | 0.5                                   |
|                        | OMB Number:<br>Estimated average burd |

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*  Stewart Jon D   |  |     |                |                                   |   | 2. Issuer Name and Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [ BUSE ] |         |  |         |  |   |                            |                            |       |                       |   | ip of Reporting Pers<br>plicable)<br>ctor |   | erson(s) to Issuer   |            |
|---|--|-----|----------------|-----------------------------------|---|--|---------|--|---------|--|---|----------------------------|----------------------------|-------|-----------------------|---|---|---|--|------------|
| (Last) (First) (Middle) 100 WEST UNIVERSITY AVENUE  |  |     |                |                                   | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2017 |  |         |  |         |  |   |                            |                            | 71    |                       | er (give title Ot   |   |   | Other (specify   |            |
| (Street) CHAMP  |  |     | 61820<br>(Zip) |                                   | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |         |  |         |  |   |                            |                            |       | 6. Indiv<br>ine)<br>X | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |            |
|   |  | Tab | le I - No      | n-Deriv                           | ative   | Se   | curitie | es Acc   | quired, | Dis  | posed o   | f, o                       | r Ben                      | efici | ally                  | Owne  | ed  |   |  |            |
| Date  |  |     |                |                                   |   | ction 2A. Deemed Execution Date, if any (Month/Day/Year)                   |         | Transaction Disposed (Code (Instr. 5)                          |         | ties Acquired (A) o<br>d Of (D) (Instr. 3, 4 |   |                            | and Secur<br>Benef<br>Owne |       | cially<br>d Following | 6. Own<br>Form:<br>(D) or I<br>(I) (Ins   | Direct<br>ndirect                         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |            |
|   |  |     |                |                                   |   |  |         |  | Code    | v  | Amount  |                            | (A) or<br>(D)              | Price | 9                     | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |   |  | (Instr. 4) |
| Common Stock 07/03/   |  |     |                |                                   | 3/2017  | 2017   |         | P  |         | 250(1)                                       |   | A                          | \$29.81                    |       | 10,410                |   |   | I   | Jon and<br>Kendra<br>Stewart                                       |            |
| Common Stock  |  |     |                |                                   |   |  |         |  |         |  |   |                            |                            |       | 3,482                 |   | D   |   |  |            |
|   |  | Ta  |                |                                   |   |  |         |  |         |  | sed of,<br>onvertib   |                            |                            |       |                       | vned  |   |   |  |            |
| 1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution if any (Month/Day/Year) |  |     | Date,          | Date, Transaction<br>Code (Instr. |   | n of   |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |         |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                            | str. 3                     | Deri  | ivative<br>urity      | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)                               | Ow<br>For<br>Dir<br>or I<br>(I) (         | nership<br>m:<br>ect (D)<br>ndirect<br>Instr. 4)    | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |
|   |  |     |                |                                   | Code  | v  | (A)     | (D)  |         |  | Expiration<br>Date  | Amount or Number of Shares |                            | nber  |                       |   |   |   |  |            |

## **Explanation of Responses:**

1. Represents shares purchased pursuant to a 10b5-1 Trading Plan.

/s/ Mary Lakey, attorney-in-<u>fact</u>

07/06/2017

\*\* 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.