FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number: 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

	nd Address																		
1. Name and Address of Reporting Person*  MILLS LINDA M						2. Issuer Name <b>and</b> 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) 2123 SE.	( ATON CC	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/14/2004								Officer (give title Other (specify below) below)					
Street) CHAMPAIGN IL 61821				_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City) (State) (Zip)												Person							
		Tab	le I - N	lon-Deriv	vative	Sec	uritie	s Ad	cquire	d, D	isposed (	of, or B	eneficia	ally Owned	t				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N					Year) Executio		emed tion Date, n/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)					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)		Ĭ.				
Common													686,00	9	D				
Common													15,000	0	I			Family dation <sup>(1)</sup>	
Common													1,005,0	65	I		Spou		
Common													5,327.054					k)/Profit ng Plan	
Common													25,508.4413		I	ESOP Plan Spouse			
Common												1,000,000		I	Mills Investment <sup>(2)</sup>				
		1	Гable I								posed of , converti			ly Owned )					
L. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any		emed ion Date, //Day/Year)	4. Transa Code (l 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/V		ate of Securities		ties ng e Security	Derivative Security	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	٧	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	r					
Stock Option	\$27.1	04/14/2004					3,000		01/21/	2005	12/15/2008	Common	3,000	\$27.1		,000 <sup>(3)</sup>	D		
Stock Option	\$20.0625								01/16/2001		02/15/2004	Common	3,000	3,000 <sup>(3)</sup>		D	D		
Stock Option	\$17.875								01/15/	2002	12/15/2005	Common	3,000	3,		,000 <sup>(3)</sup>	D		
Stock Option	\$20.0625								01/16/2001		12/15/2004	Common	15,000	)0 15		i,000 <sup>(3)</sup>	I		Spouse
Stock Option	\$17.857								01/15/	2002	12/15/2005	Common	15,000	0	15	i,000 <sup>(3)</sup>	I		Spouse
Stock Option	\$21.839								04/16/	2005	12/16/2010	Common	30,000	0	30	,000 <sup>(3)</sup>	I		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
- 3. Stock Options have not been exercised

Nicole M. Warren - POA

05/20/2004

\*\* 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.