## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response.	0.5								

1. Name and Address of Reporting Person* SHAPLAND GEORGE T						2. Issuer Name and Ticker or Trading Symbol <u>FIRST BUSEY CORP /NV/</u> [ BUSE ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Last) (First) (Middle) 100 W. UNIVERSITY AVE							3. Date of Earliest Transaction (Month/Day/Year) 06/16/2009										Officer (give title Other (specify below)				
						f Ame	ndment,	Date	of Origina	al File	ed (N	/onth/D		6. Individual c	or Joint/Grou	p Filinç	g (Check A	pplicable				
(Street) CHAMPAIGN IL 61820				_												Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																						
		Tab	le I - Nor	1-Deriv	/ative	e Se	curitie	s Ao	cquired	, Di	spo	osed o	of, or l	Bene	efici	ally Own	ed					
1. Title of Security (Instr. 3)				2. Trans Date (Month)		ear)   I	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		n Disposed		rities Acquired (A ed Of (D) (Instr. 3,			and Secur Benef Owne	icially d 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(s) (Instr. 3 and 4)						(Instr. 4)												
Common	n Stock															5	39,533		D			
		Т	able II - [ (	Derivat e.g., p	tive S uts. (	Secu calls	rities /	Acq ants	uired, D , optior	)isp 1s. (	os cor	ed of, wertik	or Be	nefi curit	cial ies)	ly Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transa Code ( 8)	action	5. Number 6		6. Date E Expiratio	6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	0 F 0 (1	0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Exp Dat	iration e	Title	or	ount nber res							
Common Stock	\$11.85								08/01/20	07	04/1	12/2010	Stock Option	8,5	544		8,544	4 D				
Common Stock	\$11.29								08/01/20	07	03/2	20/2011	Stock Option	8,1	138		8,138	D				
Common Stock	\$12								08/01/20	07	<b>03</b> /1	19/2012	Stock Option	7,7	750		7,750		D			
Common Stock	\$16								08/01/20	07	<b>03</b> /1	18/2013	Stock Option	7,7	750		7,750		D			
Common Stock	\$19.74								08/01/20	07	<b>02</b> /1	17/2014	Stock Option	7,7	750		7,750		D			
Common Stock	\$19.09								08/01/20	07	<b>05</b> /1	15/2015	Stock Option	7,7	750		7,750		D			
Common Stock	\$19.41								08/01/20	07	02/2	21/2016	Stock Option	4,6	650		4,650		D			
Common Stock	\$19.35								08/01/20	07	<b>07</b> /1	17/2017	Stock Option	4,6	650		4,650		D			
Common Stock	\$17.12								05/01/20	09	12/1	15/2015	Stock Option	7,5	500		7,500		D			
Common Stock	\$7.53	06/16/2009			A		7,500		06/01/20	10	06/3	30/2019	Stock Option	7,5	500	\$0	7,500		D			

Explanation of Responses:

<u>/s/ George T. Shapland</u>

06/18/2009 Date

\*\* Signature of Reporting Person

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

 $^{\ast}$  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.