FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours por rosponso | . 0.5 | | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* Bowe Monica L (Last) (First) (Middle) | | | | | | Issuer Name and Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [BUSE] January (Month/Day/Year) | | | | | | | | | ck all app Direc | ctor er (give title | | 10% (| Owner (specify |
|--|---|--|---|---------|--------------------------------|---|-----|------------------------------|------------------------------|---|--------------------|--|---|---|--|--|---------------------------------------|---|---|
| 100 WES | 03/31/2021 | | | | | | | | EVP Chief Risk Officer | | | | | | | | | | |
| (Street) CHAMPAIGN IL 61820 | | | | | 4. If A | 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) | (S | tate) (2 | Zip) | | | | | | | | | | | | Perso | on | | | |
| Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | ion 2A. Deemed Execution Date, | | | 3. Transa Code (8) | ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | or 5. Amou 4 and Securitie Benefici | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) ((D) | or Pr | ice | Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 04/30 | | | | 04/30/2 | 2021 | | | | A | | 232(1) | A | _ | \$0 | 25 | ,454 | | D | |
| Common Stock 03/31/2 | | | | 021 | | | A | | 4 ⁽²⁾ | A | \$0 | | 388 | | I | | Employee Stock Purchase Plan | | |
| | | Ta | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | S (I | . Price of erivative ecurity nstr. 5) | 9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| Evalonation | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

- 1. Represents dividend equivalent rights accrued on Restricted Stock Units in conjunction with the payment of a cash dividend on First Busey Corporation Stock. Each dividend equivalent right is the economic equivalent of one share of First Busey Corporation Stock.
- 2. Reflects 4 accumulated dividend reinvestment shares through the Company Employee Stock Purchase Plan since the Reporting Person's most recent ownership report.

/s/ Mary Lakey, attorney-in-

fact

05/04/2021

Date

** Signature of Reporting Person 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.