FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number: 3235-0							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Powers John Joseph (Mc			Date of Event equiring Staten Month/Day/Year	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [ BUSE ]							
` ′ ′				_ ,,_01_		Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
TOO WEST CHIVERSHIT INVENUE		——————————————————————————————————————			X	Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)						EVP & General C	Counsel		X Form filed by One Reporting Person			
CHAMPAIGN IL 61820									Form filed by More than One Reporting Person			
(City) (	State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
[E		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		ty (Instr. 4) Conve		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date		Amount Deriv		Price of Derivativ Security	e Direct (D) or Indirect (I) (Instr. 5)				

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ John Joseph Powers 02/08/2012

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).