Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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* | | | | er Name and Ticke | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|--------------------|--|---|-----------------------------------|---|--|--|---|--|--|--|
| <u>Jensen Karen M</u> | | | | | | | X | Director | 10% 0 | Dwner | | |
| (Last) 100 WEST UN | (First) | (Middle) AVENUE | | e of Earliest Transa /2020 | ction (Month/I | Day/Year) | | Officer (give title below) | Other below | (specify) | | |
| · | | | 4. If Ar | nendment, Date of | Original Filed | (Month/Day/Year) | | vidual or Joint/Grou | p Filing (Check | Applicable | | |
| (Street) CHAMPAIGN | IL | 61820 | | | | | Line) | Form filed by On Form filed by Mo | | | | |
| (City) | (State) | (Zip) | | | | | | Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | 4. Securities Acquired (Disposed Of (D) (Instr. 3 5) | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | |

| | (month/bay/real) | (Month/Day/Year) | 8) | | 3, | | | Owned Following Reported | (I) (Instr. 4) | Ownership (Instr. 4) |
|--------------|------------------|------------------|------|---|--------------------------|---------------|-------------------|------------------------------------|----------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 07/31/2020 | | A | | 56 ⁽¹⁾ | A | \$ <mark>0</mark> | 32,376 | D | |
| | | | | | | | | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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) | | of Deriv Secu Acqu (A) o Dispo of (D | erivative (Month/Day/Year) ecurities cquired) or isposed f (D) str. 3, 4 | | Expiration Date Amount of Month/Day/Year) Securities | | | 8. Price of Derivative Security (Instr. 5) | 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 | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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.

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

08/03/2020

** 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.