### Edgar Filing: Mooney Howard F - Form 4

Form 4														
October 30											0	MB APPRO	)\/AI	
FORM	VI 4 UNITED	STATES S				AND EX 1, D.C. 2			E COMMISS	ION	OMB Numb	32	235-0287	
Check t						.,					Expire	lar	nuary 31,	
if no lot subject Section Form 4 Form 5	to STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									Estimated average burden hours per response 0.5			
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(	(a) of the Pu	blic U	Jtility	Ho		mpa	ny Ac	nge Act of 19 t of 1935 or Se 1940					
(Print or Type	Responses)													
Mooney Howard F Symbol				ol Issuer							o of Reporting Person(s) to			
			FIRST BUSEY CORP /NV/ [BUSE]							(Check all applicable)				
(Last)	(First) (			of Earlie Day/Ye		Transaction	1		Directo	r		10% Own	er	
100 WEST	UNIVERSITY A		9/30/2	-					X Officer below)	(give ti	belo	Other (spe	cify	
	(Street)	4.	. If Am	endmer	ıt, D	ate Origin	al		6. Individual	or Joir	nt/Grou	p Filing(Che	ck	
СНАМРА	IGN, IL 61820	F	iled(Mo	onth/Day	/Yea	ar)			Applicable Lin _X_ Form file Form file	d by On		ting Person One Reportin	g	
(City)	(State)	(Zip)				<b>D</b> 1 4	G		Person	1.0	n	<i>(</i> ) 11 0		
•	· · ·		Tat		on-			urities A	Acquired, Dispos	6.	or Ben	-		
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if				CodeDisposed of (D)Beneficiallyar)(Instr. 8)(Instr. 3, 4 and 5)OwnedFollowingReported						rship t (D) lirect	Ownership D) (Instr. 4)		
							(A) or		Transaction(s) (Instr. 3 and 4)	(Instr.	4)			
Common				Code	V	Amount	(D)	Price	(IIISU: 5 and 4)					
Common Stock	10/27/2017			А		165 <u>(1)</u>	А	\$0	38,968	D				
Common Stock	09/30/2017			Р		49 <u>(2)</u>	A	\$ 0	1,111	Ι		Employe Stock Pu Plan		
Common Stock									2,590	I		IRA		
Common Stock									477	I		Profit Sharing/	401(k)	
Common Stock									210	Ι		ESOP		

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

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 control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships								
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other						
Mooney Howard F 100 WEST UNIVERSITY AVENUE CHAMPAIGN, IL 61820	Ξ		President & CEO FirsTech, Inc.							
Signatures										
/s/ Mary Lakey, attorney-in-fact	10/30/2017	7								
<u>**</u> Signature of Reporting Person	Date									

## **Explanation of Responses:**

- \* 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).
- (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 the purchase of 43 shares and 6 accumulated dividend reinvestment shares through the Company Employee Stock Purchase Plan since the Reporting Person's most recent ownership report.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.