SEC Form 4	
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## 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).

## 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

	OVAL
OMB Number:	3235-0287
Estimated average bure	den
hours per response:	0.5

1. Name and Address of Reporting Person <sup>*</sup> IKENBERRY DAVID L				2. Issuer Name and Ticker or Trading Symbol FIRST BUSEY CORP /NV/ [BUSE]							5. Relationship of Reporting Persc (Check all applicable)				suer		
							X	Directo	or		10% O	wner					
(Last) 60 GRE	(F ENCROFT	First) ` DR.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/25/2006							Officer below)	(give title		Other ( below)	specify	
				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line)					
CHAMP	AIGN II	L	61820								X	Form filed by One Reporting Pers			on		
												Form f Persor	iled by Mo	re than	One Repo	orting	
(City)	(5	State)	(Zip)									1 61301					
		Tak		Derive													
		i ai		I-Deriva	ative Se	curities Acc	quired,	Disp	osed of	f, or Bene	eficially	/ Owned	ł				
1. Title of s	Security (Ins			2. Transa Date (Month/D	action ay/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	3. Transa Code (	ction	4. Securit	f, or Bene ies Acquired Of (D) (Instr.	(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of S	Security (Ins			2. Transa Date	action ay/Year)	2A. Deemed Execution Date, if any	3. Transa Code (	ction	4. Securit Disposed	; ies Acquired	(A) or	5. Amou Securitie Benefici	nt of es ally Following d tion(s)	Form: (D) or	Direct Indirect str. 4)	of Indirect Beneficial	
1. Title of a				2. Transa Date	action ay/Year)	2A. Deemed Execution Date, if any	3. Transa Code ( 8)	ction Instr.	4. Securit Disposed 5)	ies Acquired Of (D) (Instr.	(A) or 3, 4 and	5. Amou Securitie Benefici Owned F Reporter Transact (Instr. 3	nt of es ally Following d tion(s)	Form: (D) or (I) (Ins	Direct Indirect str. 4)	of Indirect Beneficial Ownership	
		str. 3)	Table II -	2. Transa Date (Month/D	ive Sec	2A. Deemed Execution Date, if any	3. Transa Code ( 8) Code	ction Instr. V	4. Securit Disposed 5) Amount sed of,	(A) or (D) (Instr.	(A) or 3, 4 and Price	5. Amou Securitie Benefici Owned F Reporter Transaci (Instr. 3 1,	nt of es ally Following d tion(s) and 4)	Form: (D) or (I) (Ins	Direct Indirect str. 4)	of Indirect Beneficial Ownership	

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. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	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				
Stock Option	\$20.71	04/25/2006		A		4,500		01/21/2009	12/15/2011	Common Stock	4,500	\$20.71	4,500	D	
Stock Option	\$19.83							01/21/2006	12/15/2009	Common Stock	4,500		4,500	D	
Stock Option	\$18.07							01/21/2005	12/15/2008	Common Stock	4,500		4,500	D	

Explanation of Responses:

## <u>/s/ Barbara J. Kuhl</u>

\*\* Signature of Reporting Person Date

05/01/2006

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.