## Edgar Filing: BRADSHAW JAMI L - Form 4

BRADSHAW	JAMI L											
Form 4												
February 26, 2	2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	■ UNITE	D STATES					NGE	COMMISSION	OND	3235-0287		
Check this	box		Was	hington,	D.C. 20	549			Number:			
if no longe	Check this box if no longer							Expires:	January 31, 2005			
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						NERSHIP OF	Estimated	Estimated average			
Section 16				SECUR	ITIES	TIES				burden hours per		
Form 4 or Form 5	<b>F</b> '1 1		G (* 14		<b>c</b>		1	4 6 1024	response	0.5		
obligations	,							ge Act of 1934,				
may contin	nue. Section 1			•	•	- ·		f 1935 or Sectio	n			
See Instruc	tion	50(ff)	) of the Inv	vestment	Compan	y Aci	. 01 19	40				
1(b).												
(Print or Type Re	esponses)											
	-											
1. Name and Ad		ng Person <u>*</u>	2. Issuer	Name and	Ticker or '	Tradin	g	5. Relationship of	Reporting Person(s) to			
BRADSHAW	V JAMI L		Symbol					Issuer				
FIRST MERCHANTS CORP							lt all annliaghla)					
			[FRME]					(Cheo	ck all applicable	5)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			Director		6 Owner		
(Month/D				h/Day/Year)			XOfficer (give titleX Other (specify below)					
200 EAST JA	ACKSON STI	REET	02/24/20	)09				Senior Vice Pro		Accounting		
									Officer	c		
	(Street)		4. If Amer	ndment, Dat	e Original			6. Individual or J	oint/Group Fili	ng(Check		
			Filed(Mon	th/Day/Year)				Applicable Line)				
								_X_ Form filed by				
MUNCIE, IN	47305							Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	I - Non-D	orivativo (	Socuri	tios A c	quired, Disposed o	f or Bonoficia	lly Owned		
1 7:41 6	2 T	D-4- 24 D-					ites Ac			-		
1.Title of Security	2. Transaction I (Month/Day/Ye		on Date, if	3. Transactio	4. Securi		or	5. Amount of Securities	6. Ownership Form: Direct	Indirect		
(Instr. 3)	(1101111/2/45/11	any		Code	Disposed			Beneficially		Beneficial		
		/Day/Year)	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Indirect (I)	Ownership			
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Cala V	A	or	Duites	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock	02/24/2009			А	1,600	А	\$0	6,315.14 <u>(1)</u>	D			
Stoon												

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)

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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. Transactic Code (Instr. 8)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 11.14	02/24/2009		A	1,750	02/24/2011	02/24/2019	Common	1,750

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
BRADSHAW JAMI L 200 EAST JACKSON STREET MUNCIE, IN 47305			Senior Vice President	Chief Accounting Officer				
Signatures								
Larry R. Helms (Confirming Stat on File)	ement	0	2/26/2009					
<b><u>**</u>Signature of Reporting Person</b>			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) Includes 1,014.501 shares held in 401(k) retirement account, and 3,700 restricted stock awards.

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.