FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

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* Kawiecki Michele				2. Date of Event Requiring Statement (Month/Day/Year) 02/25/2015			3. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME]							
(Last) 200 EAST JACKSON	(First) (Middle) ST JACKSON ST					Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) X DIRECTOR OF FINANCE / SENIO			10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) MUNCIE (City)	IN (State)	47305 (Zip)							, , , , , , ,		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
				Table	I - Non-De	rivative S	ecurities Ben	eficially Owned						
1. Title of Security (Instr. 4)						f Securities Benef	icially Owned			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Der (Instr. 4)		vative Security	4. Conversi Exercise Prof Derivative	ice	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Security				

Explanation of Responses:

Remarks:

Exhibit 24; Confirming Statem

No securities are beneficially owned.

Jennifer Mainord (Confirming Statement on

03/04/2015

** Signature of Reporting Person

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 5 (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.

CONFIRMING STATEMENT

This statement confirms that the undersigned, Michele Kawiecki, has authorized and designated, Jennifer Mainord, Deanna Brass or Rhonda Bost, to execute and file

__/s/ Michele Kawiecki____ Michele Kawiecki

Date: March 3, 2015