FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| | Check this box if no longer subject |
|--------|-------------------------------------|
| | to Section 16. Form 4 or Form 5 |
| \cup | 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

| Name and Address of Reporting Person* Sondhi Jason R | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|---|------|----------|--|--|---|--|--------|--------------|---|---|--|--|--|---|--|---|-------------------|-----------------------------|---|--|--|
| (Last) | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/28/2023 | | | | | | | | | Office | er (give title v) | | Other (below) | specify | | | |
| 200 E JACKSON STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) MUNCI | E IN | IN 47305 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | | |
| | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecur | ities | Acq | uired, | Dis | posed of | f, or l | Benef | iciall | y Owr | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution y/Year) if any | | | cution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | Securi Benefi Owned Follow | Amount of ecurities eneficially wned ollowing | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | | | | | | | |
| Common Stock 07/28/20 | | | | | | .023 | | | P | 388 | | A | A \$ | 32.15 | | 388 | | | Spouse IRA | | |
| Common Stock 07/28/20 | | | | | | 023 | | | P | | 70 | A | 1 \$ | 32.2 | 458 | | | | Spouse IRA | | |
| Common | | | | | | | | | | | | 2,429(1) | | | D | | | | | | |
| | | Tab | | Derivativ | | | | | | | | | | | Owne | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | tion Date, | 4. Transaction Code (Instr. 8) Solution Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Code V (A) (D) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and or Numb of Title Share | | unt ber | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

1. Includes Restricted Stock Awards totaling 2,429 shares.

Remarks:

Jacob Burkett (Confirming Statement on File) ** Signature of Reporting Person

07/31/2023

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.