FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHAI	IGES IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL								
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hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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		,		invesimen	-										
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
FLUHLER STEPHAN				THO THE HOLD GOTT [TRUE]									Direct	or		10% O	wner			
													4 :		(give title	Х	Other (below)	specify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								1 ' '							
200 E JACKSON STREET			01/06/2022									Chief Information Officer / Senior Vice								
												President								
(0)				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Ir	6. Individual or Joint/Group Filing (Check Applicable						
(Street)				7. II Amendment, Date of Original Fried (World Day) real)										Line)						
MUNCIE IN 47305															X Form filed by One Reporting Person					
-															Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)			Per									Perso	1				
		Tah	le I - Non-	Darivs	ativo	Sac	uritio	e Λ c	auired	Die	nnsad (of or F	lanc	aficial	ly Owner	4				
										וטוס	1				_			1		
1. Title of Security (Instr. 3) 2. Transa Date			2A. Deemed Execution Date,			Code (Instr. 5)								7. Nature of Indirect						
(Month/D					ay/Year) if any					-,	Benefic			or Indirect	Beneficial					
					(Month/Day/Year		(Month/Day/Yea		ır) 8)						- Reporte	d [(1) (11) (Instr. 4)	Ownership (Instr. 4)	
							Code	v	Amount	t (A) or P		Price		Transaction(s) (Instr. 3 and 4)						
	_	ve Securities Acquired, Disposed of, or Benefic								, ,										
		Т													Owned					
			(e	e.g., pu	uts, c	calls	, warr	ants	, option	s, c	onverti	ble se	curi	ties)						
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed		4. Transaction Code (Instr.		n of		6. Date Exerc			7. Title and			8. Price of	9. Number		10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Da						Expiration (Month/Da			Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year)						` Securities		Underlying						(Instr. 5)	Beneficially		Direct (D)	Ownership		
	Derivative Security Acquired (A) or (Instr. 3 and Disposed										Owned			or Indirect (I) (Instr. 4)	(Instr. 4)					
										'		Reported		(,, (
					of (D) (Instr. 3, 4								Transaction(s) (Instr. 4)							
							and 5)									` ' '				
								П						mount						
								lΙ					OI N	r umber						
						v	/ ₄ \	_,	Date		xpiration	T:41-	of	f						
				- 10	Code	V	(A)	(D)	Exercisab	e D	ate	Title	-	hares		<u> </u>			-	
Phantom Stock	(1)	01/06/2022			A		16.57		(1)		(1)	Commo Stock	ⁿ 1	16.57	\$43.61	367.36	9	D		

Explanation of Responses:

1. Each share of phantom stock is the economic equivalent of one share of FRME common stock. The shares of phantom stock will be settled in cash or shares of FRME common stock, at the reporting person's election, upon separation from First Merchants.

Remarks:

<u>Logan Edon (Confirming</u> Statement on File)

01/07/2022

** Signature of Reporting Person

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.