FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | |
| l | 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. Name and Address of Reporting Person* <u>ELLINGTON KIMBERLY J</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Volter (specify | | | | | | |
|--|---|--|---|---------|---|--|---|------|--|--------|-----------|--|--------------------------------------|--|---|--|---|--|--|--|--|--|
| (Last) (First) (Middle) 200 EAST JACKSON STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2008 | | | | | | | | | Senior Vice President / Director-Human Resources | | | | | | |
| (Street) MUNCII | Street) MUNCIE IN 47305 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | | |
| (City) | ty) (State) (Zip) | | | | | | | | | Person | | | | | | | | | | | | |
| | | Tab | le I - Nor | ı-Deriv | ative | Se | curitie | s Ac | quired, | Dis | osed o | of, or Bo | enefici | ally | Owned | i | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | | | ecurities Acquired (A) posed Of (D) (Instr. 3, | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | | Reported Transaction(s) (Instr. 3 and 4) | | | | | | | |
| Common Stock 02/27/ | | | | | | 2008 | | A | | 1,50 | 0 A | \$ | 0 | 4,089.752(1) | | | D | | | | | |
| | | 7 | able II - | | | | | | uired, C , optior | | | | | | wned | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 1. Transaction Code (Instr. 3) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | and 7. Title and Amount of Securities Underlying Derivative 8 (Instr. 3 and | | De Se (In | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | opiration | Title | Amoun or Numbe of Shares | per | | | | | | | | |
| Employee Stock Option (Right to Buy) | \$28.25 | 02/27/2008 | | | A | | 1,500 | | 02/27/201 | 0 0 | 2/27/2018 | Common | 1,500 | | \$0 | 24,057 | 7 | D | | | | |

Explanation of Responses:

1. Includes 3,700 shares held restricted stock awards.

Larry R. Helms (Confirming Statement on File)

03/21/2008

Date

** 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 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.