FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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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* BRADSHAW JAMI L (Last) (First) (Middle) 200 E JACKSON STREET				<u>FI</u>	Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME] Jate of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director The control of Reporting Person(s) to Issuer (Check all applicable) Director The control of Reporting Person(s) to Issuer (Check all applicable) Director The control of Reporting Person(s) to Issuer (Check all applicable) Director The control of Reporting Person(s) to Issuer (Check all applicable) The control of Reporting Person(s) to Issuer (Check all applicable) The control of Reporting Person(s) to Issuer (Check all applicable) The control of Reporting Person(s) to Issuer (Check all applicable) The control of Reporting Person(s) to Issuer (Check all applicable) The control of Reporting Person(s) to Issuer (Check all applicable) The control of Reporting Person(s) to Issuer (Check all applicable) The control of Reporting Person (Check all applicable) The control						
					02/11/2011									Chief Accounting Officer / Senior Vice President					
(Street) MUNCII (City)			47305 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 02/15/2011							5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - No	n-Deriv	ative	e Se	curitie	s Ac	quired	, Dis	posed o	of, or Be	eneficia	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Dispose Code (Instr. 5)		Dispose	ities Acquir d Of (D) (In:		Securitie Beneficia Owned F		s ally ollowing	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 02/11/				1/2011	2011		A		1,600	1,600 A)	16,902.0677(1)			D			
		1	able II -									, or Ben ble sec			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		ı of l		6. Date Exercisa Expiration Date (Month/Day/Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price c Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e 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 Exercisa		Expiration Date	Title	Amount or Number of Shares	r					
Employee Stock Option - Right to	\$9.2	02/11/2011			A		1,750		02/11/20	13 (02/11/2021	Common	1,750		\$0	10,970)	D	

Explanation of Responses:

1. Includes 2,380.6927 shares held in 401(k) retirement account, and 6,307.979 restricted stock awards.

Remarks:

<u>Larry R. Helms (Confirming Statement on File)</u>

04/11/2011

** Signature of Reporting Person Da

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.