FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>KELLOGG CLARK C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME] | | | | | | | | 5. Relationship of Re (Check all applicable) X Director | | | eporting Person(s) to l e) 10% O | | |
|---|---|--|----------|---|---|--|---|-----|--|------|--------------------|--|--|---|---------------------------------------|--|--|--|---------------------------------------|
| (Last) | (Fi | rst) (f | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2023 | | | | | | | | | | Office belov | er (give title v) | | Other (below) | specify | |
| 200 EAST JACKSON STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| MUNCIE IN 47305 | | | | | | | | | | | | | | Form Perso | | re tha | an One Rep | orting | |
| (City) (State) (Zip) | | | | | Rul | 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. | | | | | | | | | | | | nded to | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Exec if an | eemed ution Date, th/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | | | | | ties cially Following | Fori (D) | m: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Price | • | | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 05/12/2 | | | | | .023 | | | | P | | 1,000 | A \$24.7 | | 1.72 | 72 1,000 | | | I | 401(k) Plan |
| Common Stock | | | | | | | | | | | | | | | 7,53 | 9.019(1) | | D | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Includes Restricted Stock Awards totaling 5,810 shares.

Remarks:

Jacob Burkett (Confirming Statement on File)

02/28/2024

** 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.