FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. 20549 |  |
|-------------|------------|--|

| STATEMENT | OF CHAN | IGES IN BE | NEFICIAL | OWNERSHIP |
|-----------|---------|------------|----------|-----------|

| OMB APPRO                | JVAL      |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| 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 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>Halderman Howard</u> |  |         |               |                              | 2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [ FRME ]  |   |  |   |                 |   |                              |  | ck all app                                   | ,  | ng Pers   | son(s) to Is<br>10% Ov |  |            |        |  |
|--|--|---------|---------------|------------------------------|--|---|--|---|-----------------|---|------------------------------|--|--|--|---|------------------------|--|------------|--------|--|
| (Last)   | (Fir   | st) (N  | /liddle)      |                              |  | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2024 |  |   |                 |   |                              |  |  | Office<br>below  | r (give title   |                        | Other (s<br>below)   | specify    |        |  |
| 200 E JACKSON ST   |  |         |               |                              | 4. If A  | Amend   | ment,  | Date o  | of Origina      | al File   | d (Month/Da                  | y/Year)  | )  |  | Individual or Joint/Group Filing (Check Applicable Line)  |                        |  |            |        |  |
| (Street)   |  |         |               |                              |  |   |  |   |                 |   |                              |  |  | X  |   | filed by On            |  | J          | - 1    |  |
| MUNCII   | E IN   | 4       | 7305          |                              |  |   |  |   |                 |   |                              |  |  |  | Form<br>Perso   | filed by Mo<br>n       | re than  | n One Repo | orting |  |
| (City)   | (Sta   | ate) (Z | ľip)          |                              | 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                     | ative S  | Secu  | rities   | Acq   | uired,          | , Dis   | posed of                     | , or B   | Bene   | ficiall  | ly Own  | ed                     |  |            |        |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)    |  |         | Execution Dat |                              | Date,  | Transaction Code (Instr.                                    |  | 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |                 | A) or<br>, 4 and  | Securiti<br>Benefic<br>Owned | rities For Formal Forma |  | : Direct<br>Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership       |                        |  |            |        |  |
|  |  |         |               |                              |  |   | Code   | v   | Amount          | (A) (D)   | or P                         | rice   | Reporte<br>Transac<br>(Instr. 3              | ction(s)   |   | ľ                      | (Instr. 4)   |            |        |  |
| Common   | Stock  |         |               | 03/31/2                      | 2024   |   |  |   | A               |   | 671                          | A  |  | \$34.9   | 22,73   | 9.333(1)               |  | D          |        |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |               |                              |  |   |  |   |                 |   |                              |  |  |  |   |                        |  |            |        |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any  |         | ion Date,     | 4.<br>Transa<br>Code (<br>8) |  |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   |                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                              | Str.   | Price of<br>erivative<br>ecurity<br>nstr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr. | Ownership              | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |        |  |
|  |  |         |               |                              | Code   | v   | (A)  | (D)   | Date<br>Exercis | sable   | Expiration<br>Date           | Title  | Amo<br>or<br>Num<br>of<br>Share              | ber  |   |                        |  |            |        |  |

## **Explanation of Responses:**

1. Includes Restricted Stock Awards totaling 7,151 shares.

## Remarks:

Jacob Burkett (Confirming Statement on File)

04/02/2024

\*\* 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.