FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3.. ,

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average I | hurden | | | | | | | | | |

0.5

hours per response:

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>HOY WILLIAM L</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME] | | | | | | | | | | elationship eck all appli | cable) | porting Person(s) to Issuer) 10% Owner | | | |
| (Last) (First) (Middle) 200 E JACKSON STREET | | | | | | | of Earliest | t Tran | ısactioı | n (Mon | th/Da | ay/Year) | | | Officer (give title below) | | Other (s below) | specify | | | |
| (Street) MUNCII (City) | | | 47305 (Zip) | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curitie | s Ac | quir | ed, D | isp | osed c | of, or B | enef | iciall | y Owned | <u>t</u> | | | | |
| Date | | | | 2. Trans Date (Month/I | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | , Transaction Dis | | | ecurities Acquired (A) osed Of (D) (Instr. 3, 4 | | | | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | C | ode V | <i>,</i> | Amount | (A) or (D) | | rice | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Common Stock 06/ | | | 06/30 | 0/201 | /2011 | | | | A | v | 559 | 559 A | | \$ <mark>0</mark> | 17,913(1) | | | D | | |
| | | 7 | able II - | Deriva (e.g., p | | | | | | | | | | | | Owned | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | of | | Expira | te Exerc ration Da th/Day/\ | ate | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Exp Dat | opiration | Title | or Nur of | mber ares | | | | | | |
| Non- employee stock option (Right to | \$9.02 | 07/01/2011 | | | A | | 1,500 | | 01/01 | 1/2012 | 06/ | /30/2021 | Common | 1,5 | 500 | \$0 | 5,657 | , | D | | |

Explanation of Responses:

1. Beneficially Owned Securities: 917. Nature of Indirect Ownership: Custodian - Daughter

Remarks:

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

07/06/2011

** 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.