FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| neck this box if no longer subject | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|--|
| Section 16. Form 4 or Form 5 | | | | | | | | |
| oligations may continue. See | | | | | | | | |
| etruction 1(h) | | | | | | | | |

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* Stewart Michael J | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME] | | | | | | | | | all app Direc | licable) | ng Person(s) to I 10% C Other | | wner | |
|--|---|--|--|--|---|---|-----|-----|--|------|--|---|--|---|---|--|-------------------------------------|--|--|--|
| (Last) 200 E JA | (Last) (First) (Middle) 200 E JACKSON STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2023 | | | | | | | | | X | below | | | below) | | |
| (Street) MUNCIE IN 47305 | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | 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. | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Da | | | 3. Transa Code (I 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securit Benefic | | ies ially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price | | Transac | Transaction(s) (Instr. 3 and 4) | | | (| |
| Common Stock 09/30/20 | | | | | | 023 | | | | | 41 | A | \$25. | 46 88,253.838 | | 53.838(1) | | D | | |
| Common Stock | | | | | | | | | | | | | 7,235.7 | | 35.703 | | | 401(k) Plan | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | rcise (Month/Day/Year) if any of (Month/Day/Year) tive | | | Code (Instr | | | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Includes Restricted Stock Awards totaling 31,771.452 shares.

Remarks:

Jacob Burkett (Confirming Statement on File)

10/03/2023

** 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.