Edgar Filing: SMITSON ROBERT M - Form 4

	ROBERT M										
Form 4 July 05, 200)5										
•									OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHA Washington, D.C. 20549							E COMMISSIO	N OMB Number:	3235-0287		
Check t if no lor subject Section Form 4 Form 5 obligation may con	nger to 16. or Filed put	IENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES suant to Section 16(a) of the Securities Exchange Act of 1934, a) of the Public Utility Holding Company Act of 1935 or Sectio 30(h) of the Investment Company Act of 1940						Estimated burden hou response	Estimated average burden hours per response 0.5		
<i>See</i> Inst 1(b).	ruction	30(n) of	r the In	vestment	Compa	ny Act of 1	.940				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> SMITSON ROBERT M			2. Issuer Name and Ticker or Trading Symbol FIRST MERCHANTS CORP [FRME]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 200 EAST JACKSON STREET			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2005			_X_ Director 10% Owner Officer (give titleX Other (specify below) below) Chairman of the Board					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
MUNCIE,	IN 47305						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	e Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or l of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	for each class	s of secu				or indirectly				
Kenninger, Ke	port on a separate link	i or cuch class	o or seed		Perso infor requi	ons who res nation cont red to resp ays a curre	spond to the colle tained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		
	Tab	le II Deniver	tino Coo	witing A ag	wined Di	magad of an	Donoficially Owne	4			

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amou
Derivative Security	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securi
(Instr. 3)	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

Edgar Filing: SMITSON ROBERT M - Form 4

	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Nun of Shar
Non-Employee Director Stock Option (Right to Buy) (1) (2)	\$ 25	07/01/2005		A	1,157	01/01/2006	06/30/2015	Common	1,1
Reporting	g Owner	'S							
Reporting Owner Name / Address		Relation	ships						
			10% Owner Officer	Other					
SMITSON ROBERT M 200 EAST JACKSON STREET X MUNCIE, IN 47305				Chairman of the Board					
Signature	es								
Larry R. Helms (Confirming Statement on File)			07/05/20	005					

<u>**Signature of Reporting Person</u>

Date

Explanation of Responses:

- * 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).
- (1) Non-Derivative Securities Beneficially Owned Direct: 6687
- (2) Beneficially Owned Securities: 5859. Nature of Indirect Beneficial Ownership: Spouse

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.