Lewis Amanda D Form 4 December 19, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

OMB APPROVAL

January 31, 2005

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

2. Issuer Name and Ticker or Trading

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Lewis Amar	nda D	<u>-</u>	Symbol	i ivanic a	iiiu	TICKET OF	Tradii	iig	Issuer		(=)	
			FIRST MID ILLINOIS BANCSHARES INC [FMBH]				IBH]		(Check all applicable)			
(Last)	` , , .	Middle)	3. Date of (Month/D	Earliest Transaction ay/Year)					Director 10% Owner X Officer (give title Other (specify below)			
300 W PLEASANT			12/15/2017						SVP Retail Banking			
	(Street)		4. If Ame	ndment,	Dat	te Origina	l		6. Individual or Jo	oint/Group Filir	ig(Check	
GREENUP, IL 62428				Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	12/15/2017			A		1,207 (1)	A	\$ 0	1,207	D		
Common Stock	12/15/2017			F		542 (2)	D	\$ 38.45 (2)	665	D		
Common Stock									1,751.818	I	By 401K plan	
Stock											plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date		4.	5. ionNumber	6. Date Exerc		7. Tit		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	execution Date, if any (Month/Day/Year)	Code (Instr. 8)	of	Expiration Date (Month/Day/Year)		Under	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

Lewis Amanda D 300 W PLEASANT GREENUP, IL 62428

SVP Retail Banking

Signatures

/s/ Michael L. Taylor, attorney-in-fact for Ms. Lewis

12/19/2017

**Signature of Reporting Person

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).
- The vesting of these awards was made in connection with the redesign of the Company's long-term incentive compensation program and (1) were based on 90% of the maximum achievement level for the three year performance periods ending December 31, 2017, 2018, and 2019. The shares vested in full on December 15, 2017.
- (2) Number of shares withheld to satisfy income tax withholding obligations in connection with shares of restricted stock that vested.

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.

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