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Clemens Paul Form 4 March 29, 20										
							OMB A	PPROVAL		
FORM	UNITEDS		RITIES Al			COMMISSION	OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin See Instruct	Filed purs Section 17(a	uant to Section	SECUR	of 1935 or Sectio	Expires: January 31 2005 Estimated average burden hours per response 0.5 n					
1(b). (Print or Type Re	esponses)									
1. Name and Ad Clemens Pau	Symbol FIRST	2. Issuer Name and Ticker or Trading Symbol FIRST MIDWEST BANCORP INC [FMBI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M E PLACE, SUIT)	(Month/	3. Date of Earliest Transaction (Month/Day/Year) 03/26/2010				Director 10% Owner X Officer (give title Other (specify below) below) EVP, Chief Financial Officer			
			endment, Dat nth/Day/Year)	e Original		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
ITASCA, IL	60143					Form filed by l Person	More than One R	eporting		
(City)	(State) (2	Zip) Tab	le I - Non-De	erivative S	ecurities A	cquired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	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)		
Common Stock	03/26/2010		А	121 (1)	A (2)	30,652	D			
Common Stock						2,000	I	By IRA		
Common Stock						290 <u>(3)</u>	I	By Profit Sharing Plan Trust		

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

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displays a currently valid OMB control number.

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	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. 6. Date Exercisable and pNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4	8. Price of Derivative Security (Instr. 5)4)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Amoun or Title Numbo of Shares	er	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Clemens Paul F ONE PIERCE PLACE, SUITE 1500 ITASCA, IL 60143			EVP, Chief Financial Officer			
Signatures						
Jessica L. Friedman, Attorney-in-fact for Paul F. Clemens			03/29/2010			
**Signature of Reporting Person			Date			
Explanation of Responses:						

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).
- Represents a portion of base salary paid to the Reporting Person in bi-weekly installments of fully vested shares. The Reporting Person(1) may not transfer the shares during the period the Company has any obligations outstanding under the U.S. Treasury's Troubled Asset Relief Program except in the case of the Reporting Person's death or disability.

The number of shares represented by this award was determined by dividing the dollar value of the award granted to the Reporting Person(2) by \$14.1550 (the average high and low sale price of one share of the Company's common stock as quoted on the Nasdaq Stock Market on March 25, 2010).

Between May 23, 2009 and March 29, 2010 the Reporting Person acquired 176 shares of First Midwest Bancorp, Inc. Common Stock(3) under the First Midwest Bancorp, Inc. Savings and Profit Sharing Plan pursuant to the annual company contribution feature of the Plan. This information is based on a plan statement dated March 17, 2010.

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.