

LOSENEGGER MICHAEL J
 Form 3/A
 January 17, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â LOSENEGGER MICHAEL J</p> <p>(Last) (First) (Middle)</p> <p>401 CHARMANY DRIVE</p> <p>(Street)</p> <p>MADISON,Â WIÂ 53719</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>06/27/2005</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>FIRST BUSINESS FINANCIAL SERVICES, INC. [FBIZ]</p> <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Credit Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>06/29/2005</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 control number.

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Employee Stock Option (Right to Buy) (1)(2) 02/17/2013(2) Common Stock 5,000 \$ 22 D

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LOSENEGGER MICHAEL J 401 CHARMANY DRIVE MADISON, WI 53719	<u> </u>	<u> </u>	<u> </u> Chief Credit Officer	<u> </u>

Signatures

/s/ Mark T. Plichta, Attorney-in-Fact for Michael J. Losenegger

01/17/2013

*_Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) The option vests and becomes exercisable in four equal annual installments on February 17, 2004, 2005, 2006 and 2007.

The Form 3 filed with the Securities and Exchange Commission on June 29, 2005, reported incorrectly the vesting schedule and expiration date of this stock option held by the reporting person. As a result, the Form 4s filed subsequent to the June 29, 2005 filing reflect an incorrect vesting schedule and expiration date of this holding. This Form 3/A is being filed to correctly report the vesting schedule and expiration date of this stock option held by the reporting person.

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.