NEAL JOHN C Form 4 July 29, 2005

## FORM 4

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB** 3235-0287

Check this box if no longer subject to Section 16.

Washington, D.C. 20549 Number:

January 31, Expires: 2005

Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

5 Relationship of Reporting Person(s) to

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person \*

NEAL JOH	2. Issuer Name and Ticker or Trading Symbol UNION BANKSHARES CORP [UBSH]					S. Relationship of Reporting Person(s) to Issuer  (Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/21/2005			n		Director 10% Owner _X_ Officer (give title Other (specify below)  Executive Vice President			
	(Street)		4. If Amendment, Date Original  Filed(Month/Day/Year)  Applicable Line)  _X_ Form filed by One Reporting  Form filed by More than Person					One Reporting P	erson		
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivativ	e Secu	ırities Acqu	ired, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	omr Dispo (Instr. 3,	sed of 4 and (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)	
Stock, \$2 Par Value	07/21/2005			P	4	A	41.4262 (1)	10,645	D		
Common Stock, \$2 Par Value								428	I	Custodian for Children	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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# $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options Vest @800 shares/year	\$ 20.125					01/22/1999	01/22/2008	Common Stock, \$2 Par Value	4,000
Employee Stock Options Vest @ 234 shares/year	\$ 13					02/20/2001	02/20/2010	Common Stock, \$2 Par Value	1,170
Employee Stock Options Vest @ 300 shares/year	\$ 12.8125					01/25/2002	01/25/2011	Common Stock, \$2 Par Value	1,500
Employee Stock Options Vest @ 500 shares/year	\$ 16					01/02/2003	01/02/2012	Common Stock, \$2 Par Value	2,500
Employee Stock Options Vest @ 500 shares/year	\$ 27.87					01/23/2004	01/23/2013	Common Stock, \$2 Par Value	2,500
Employee Stock Options Vest @ 500 shares/year	\$ 33.98					01/29/2005	01/29/2014	Common Stock, \$2 Par Value	2,500

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## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

**NEAL JOHN C** 

**Executive Vice President** 

## **Signatures**

John C. Neal 07/29/2005

\*\*Signature of Date

Reporting Person

### **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) Voluntary purchase by Administrator of the DRIP/SPP.

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.

Reporting Owners 3