## Edgar Filing: UNION BANKSHARES CORP - Form 4

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UNION BANKSHARES ( Form 4 January 21, 2010	CORP								
FORM 4							PPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE C Washington, D.C. 20549				OMMISSION	OMB Number:	3235-0287			
Check this box if no longer		<u> </u>			Expires:	January 31,			
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES					Expires. 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continue. See Instruction 1(b). 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)									
1. Name and Address of Report PEAY D ANTHONY	Symbol				5. Relationship of Reporting Person(s) to Issuer				
		UNION BANKSHARES CORP [ubsh]			(Check all applicable)				
(Last) (First)	) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify below) below)					
P O BOX 446	(	01/21/2010			· · · · · · · · · · · · · · · · · · ·	EVP & CFO			
(Street)	I. If Amendment, Date	nendment, Date Original			6. Individual or Joint/Group Filing(Check				
BOWLING GREEN, VA	Filed(Month/Day/Year)	/onth/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
					Person				
(City) (State)	(Zip)	Table I - Non-De	rivative Securi	ities Acq	uired, Disposed of	f, or Beneficia	lly Owned		
	Date 2A. Deeme ar) Execution I any (Month/Day	Date, if Transaction Code ( y/Year) (Instr. 8)	4. Securities Ac (A) or Disposed (Instr. 3, 4 and 3 (A) or	d of (D) 5)	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 01/01/0010(1		Code V	. ,	Price \$					
Stock 01/21/2010 <u>(1</u>	)	P 8	8 A	ф 12.74	16,703 <u>(2)</u>	D			
Common Stock					37	I	By self as custodian for children		
Common Stock					100	Ι	By spouse		
Common Stock					7,902	Ι	By Trustee of ESOP		

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

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 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.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration		or Norschau		
						Exercisable	Date		Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships						
	Director	10% Owner	Officer	Other				
PEAY D ANTHONY P O BOX 446 BOWLING GREEN, VA 22	2427		EVP & CFO					
Signatures								
/s/ D. Anthony Peay	01/21/2010							

### Reporting Person Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* 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 DRSPP.
- (2) Includes 3,974 shares of restricted stock.

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.

\*\*Signature of