FORM 4	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Perpone

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reportin Lagatta Loreen A.	2. Issuer Name an Union Banksha			<i>.</i> .	ibol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) C/O UNION BANKSHAR CORPORATION, 1051 EA STREET, SUITE 1200		3. Date of Earliest Transaction (Month/Day/Year) 02/25/2016					X Officer (give title below) Other (specify below) EVP				
(Street) RICHMOND, VA 23219	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or B							Beneficially Owned		
1. Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year)		Execution Date, if any	Code (Instr. 8)	ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership of I Form: Ben	Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock	02/25/2016		А		1,873 (<u>1)</u>	A	\$ 22.62	10,448	D		
Common Stock								1,203.216 (2)	Ι	By Trustee of ESOP	

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

Persons who respond to the collection of information SEC 1474 (9-02) 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		3. Transaction	3A. Deemed	4.	4	5.		6. Date Exer		7. Tit			9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on 1	Numb	er	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)]	Deriv	ative			Secur	ities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				\$	Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				4	Acqui	red			4)			Following	Direct (D)	
					((A) 01	•						Reported	or Indirect	
]	Dispo	sed						Transaction(s)	(I)	
					(of (D)							(Instr. 4)	(Instr. 4)	
					((Instr.	3,								
					4, and 5)										
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Lagatta Loreen A. C/O UNION BANKSHARES CORPORATION 1051 EAST CARY STREET, SUITE 1200 RICHMOND, VA 23219			EVP				

Signatures

**Signature of Reporting Person

D2/29/20.

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) Award of time-based restricted stock subject to a vesting schedule.
- (2) Includes shares allocated to the reporting person in connection with an employee stock ownership plan.

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.