FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| nours per response | e 0.5 | | | | | |

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

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|---|-----------------|------------------|--|--|--|---------------|---|-----------------------|--|---|--|--|--|---|--|---|
| 1. Name and Address of Reporting Person* Ring David V | | | | 2. Issuer Name and Ticker or Trading Symbol Union Bankshares Corp [UBSH] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O UNION BANKSHARES CORPORATION, 1051 EAST CARY STREET, STE 1200 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2018 | | | | | | | 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 Beneficially Owned | | | | | | | | | | | | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year) | 2A. Deer Executio any (Month/I | n Date, i | f Cod (Ins | ransade de str. 8) | | (A) or | Disposed (3, 4 and 5) (A) or (D) | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common | Stock | | 11/01/2018 | | | | F | | 165 ⁽¹ | | \$ 34.6 | 4,760 | | | D | |
| Reminder: | Report on a s | separate line fo | r each class of secur Table II - I | | | | | Pers cont the f | ons whained i | no respon n this for splays a | rm are curre | not requesting ntly valid | | ormation spond unle trol numbe | ss | 1474 (9-02) |
| | | | 1 | | , calls, w | | ts, op | i – – – – | | tible secu | | | | <u> </u> | | |
| Security | Conversion Date | | Execution Da /Day/Year) any | | te, if Transaction Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Ame Und Secu | itle and ount of lerlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Ownership (Instr. 4) |
| | | | | Co | ode V | (A) | (D) | Date Exer | cisable | Expiration Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Ring David V C/O UNION BANKSHARES CORPORATION 1051 EAST CARY STREET, STE 1200 RICHMOND, VA 23219 | | | EVP | | | |

Signatures

| Rachael R. Lape, as attorney-in-fact for David V. Ring | 11/06/2018 |
|--|------------|
| **Signature of Reporting Person | Date |

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) Shares withheld on vesting of restricted stock award to cover tax withholding.

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.