FORM 4

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

| OMB APPR | OVAL | |
|--------------------|--------|-----|
| OMB Number: | 3235-0 | 287 |
| 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) | | | | | | | | | | | | | | | | | | |
|--|---------------|-----------------|--|---|--------------------|---|------------------|---|-----------------------|--|--------------------------|--|---|--|--|--|---|-----------|--------|-----------|
| Name and Address of Reporting Person * Rohman Thomas P. | | | | 2. Issuer Name and Ticker or Trading Symbol Union Bankshares Corp [UBSH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner | | | | | | | | |
| (Last) (First) (Middle) ONE JAMES CENTER, 901 EAST CARY STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2015 | | | | | | | - | Office | r (give title belo | ow) | Other (spec | fy belov | w) | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | | | | |
| (City | | (State) | | (Zip) | | Table I - Non-Derivative Securities Acq | | | | | | quir | uired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | Exect | Deemed ution Date, if th/Day/Year) | Code (Instr. 8) | | etion | (A) or Disposed of (Instr. 3, 4 and 5) | | of (D | (D) Benefici Reported | | unt of Securities ially Owned Following d Transaction(s) | | | ip of Be | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | (IVIOII | ш/Дау/ 1 | (car) | | ode | V | Amount | (A) or (D) | Price | | (msu. 3 a | or Inc (I) | | or Indire | ct (Ir | nstr. 4) |
| Common | Stock | | 03/02 | 2/2015 | | | | A | (1) | | 286 | A | \$ 21.8' (2) | 7 | 2,623 | | D | | | |
| Reminder: | Report on a s | separate line f | or each | class of secur | ities b | eneficial | ly o | wned | direct | ly or | indirectl | у. | | | | | | | | |
| | · | • | | | | | - | | | cont | tained i | n this f | orm a | are i | not requ | | ormation spond unle trol numbe | ess | EC 14' | 74 (9-02) |
| | | | | Table II - I | | ative Sec | | | | | | | | | Owned | | | | | |
| Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) any | | | te, if Transaction Code Year) (Instr. 8) | | Number and | | (Month/Day/Year) | | A: U: Se (I: | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Own- Form Deriv Secu- Direct or In- | rative rity: et (D) direct | 11. Natur of Indire Beneficia Ownersh (Instr. 4) | | | | |
| | | | | | | Code | V | (A) | (D) | Date | - | Expirati Date | ion Ti | itle | Amount or Number of Shares | | | | | |

Reporting Owners

| D 41 0 N / | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Rohman Thomas P. ONE JAMES CENTER 901 EAST CARY STREET RICHMOND, VA 23219 | X | | | | | | |

Signatures

| /s/ Thomas P. Rohman | 03/02/2015 |
|---------------------------------|------------|
| **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) Direct issue from Issuer.
- (2) Based on market closing price February 27, 2015

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.