FORM 5

Form 4 Transactions

Reported

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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						
ours per respons	se 10					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

ANNUAL 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 Reporting Person * MORIN R HUNTER			2. Issuer Name and Ticker or Trading Symbol UNION FIRST MARKET BANKSHARES CORP [ubsh]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)			
(Last) (First) (Middle) 211 N. MAIN STREET, P.O. BOX 446			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year) 02/11/2011					6. Individual or Joint/Group Reporting (check applicable line)			
BOWLING GREEN,	VA 2242	7						_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City) (S	State)	(Zip)	Tab	le I - Non-Deri	vative Sec	curities	iired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)					of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) 6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Amount	(A) or (D)	Price		(I) (Instr. 4)	(msu. 4)	
Common Stock								32,216 ⁽¹⁾	D		
Common Stock								642	I	By self as custodian for children	
Common Stock								9,911 (1)	I	By Trustee of non- qualified plan	

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.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expirati	on Date	Amou	unt of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				Acqu	ired			4)			Owned at	Direct (D)		
					(A) o	r						End of	or Indirect		
					Dispo	sed						Issuer's	(I)		
					of (D)						Fiscal Year	(Instr. 4)		
					(Instr	. 3,						(Instr. 4)			
					4, and	15)									ı
										Amount					ı
							D .	.		or					
								Expiration	Title	Number					ı
							Exercisable	Date		of					
					(A)	(D)				Shares					ı

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Reporting Owner Ivame / Address							

Signatures

/s/ R. Hunter Morin	04/06/2011
***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) Adjusted per re-verification of shares by reporting person based on account statements dated as of 12/31/2010.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.