FORM 4

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

OMB APPROVAL

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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).

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 Type	Responses)																			
1. Name and Address of Reporting Person * NEAL JOHN C				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)					3. Date of Earliest Transaction (Month/Day/Year) 02/22/2005							X Officer (give title below) Other (specify below) Executive Vice President								
		(Street)		4.	If Amen	ıdmen	t, Da	ite Ori	ginal Fil	ed(Montl	n/Day/Yea	ar)		_X_ Fo	rm filed by C	Joint/Group One Reporting F fore than One F	Person		olicable Line)	
(City)		(State)	(Zip)					Table	I - Non	-Deriva	tive Se	curitie	s Acqu	ired, I	Disposed o	of, or Benef	icially Ow	ned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da		Date, i	if C		saction	or Dis	Securities Acquired Disposed of (D) astr. 3, 4 and 5)		ed (A)	5. Amount of S Owned Followi Transaction(s) (Instr. 3 and 4)		· .		Forn Dire	nership Inc n: Be ct (D) Ov	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amou	or		rice				(I) (Inst	er. 4)	·	
Common S	tock, \$2 Pa	ar Value	02/22/2005		P			4	A	\$ 35. (1)	5447	10,568				D				
Common Stock, \$2 Par Value												428		1		Ι	fo	istodian r nildren		
	F		h class of securities	I - D	erivativ	e Sec	uriti	es Acc	Pein ta c	rsons v this for urrent	m are ly valic	not re	equire B contr ficially	d to re	espond u mber.	informati				174 (9-02)
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Onversion or Exercise Price of Derivative Security 3. Transaction (Month/Day/Y				c, if Transaction 1 Code (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date		7. Tit of Ut Secur	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	e s lly	10. Ownershi Form of Derivative Security: Direct (D) or Indirec (I) (Instr. 4)	(Instr. 4)		
					Code	V	(A)	(D)	Date Exercis	sable	Expira Date	tion	Title		Amount or Number of Shares					
Employee stock options vest @ 800 shares/year	\$ 20.125								01/22	/1999	01/22	2/2008	stoc	nmon k, \$2 value			4,000	0	D	
Employee stock options vest @ 234 shares/year	\$ 13								02/20	/2001	02/20)/2010	stoc	nmon k, \$2 value			5,170	0	D	
Employee stock options vest @ 300 shares/year	\$ 12.8125								01/25	/2002	01/25	5/2011	stoc	nmon k, \$2 value	1,500		6,670	0	D	

Employee stock options vest @ 500 shares/year	\$ 16			01/02/2003	01/02/2012	Common stock, \$2 par value	2,500	9,170	D	
Employee stock options vest @ 500 shares/year	\$ 27.87			01/23/2004	01/23/2013	Common stock, \$2 par value	2,500	11,670	D	
Employee stock options vest @ 500 shares/year	\$ 33.98			01/29/2005	01/29/2014	Common stock, \$2 par value	2,500	14,170	D	

Reporting Owners

D 41 0 N /	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
NEAL JOHN C	X		Executive Vice President						

Signatures

John C. Neal	02/25/2005
**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) Voluntary purchase by Administrator of DRIP/SPP.

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.