## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 Responses)

#### 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 * 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) Director 10% Owner									
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/21/2004									Torrector 10% Owner  X_Officer (give title below) Other (specify below)  Executive Vice President										
		(Street)		4. If Ar	nend	lment	, Da	ate Or	riginal F	iled(M	fonth/D	ay/Year)			_X_ Fo	rm filed by	r Joint/Grou One Reporting More than One	Person		plicable L	ine)	
(City)	)	(State)	(Zip)				-	Table	e I - Non	ı-Deri	ivativ	e Securit	ties .	Acquii	red, I	Disposed	of, or Bene	ficially Ov	wned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		if (	(Instr. 8)		(A	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)			(D) Owr Tran		Amount of Securities Beneficially owned Following Reported ransaction(s)			Forr	Ownership Form:		ficial		
				(Month	/Da <sub>ː</sub>	y/Y ea	ır)	Co	de V	V A1	moun	(A) or (D)	Pr	ice (1	Instr.	3 and 4)			or Ir (I)		Own (Insti	ership r. 4)
Common	Common Stock, \$2 Par Value 10/21/2004						Р		4. (1	.80	A	\$ 31.	.25	10,409.9629				D				
Common Stock, \$2 Par Value														4	23.6	951			I		for	dren
Reminder: R	eport on a se	parate line for each	class of securities l	oenefici	ılly	owne	d di	rectly	Pe	erson	ıs wh						of informat		ained	l SEC	147	4 (9-02)
												are not currently					unless the umber.	form				
			Table II									of, or Bei tible secu			Owne	ed						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) any (Month/Day/Year) Code (Instr. 8) of Derivative Securities		tion D	Date	of Under			Title and Amount 'Underlying scurities nstr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		re s ally g	Form of Derivation Securit Direction or India	ship of tive y: (D) rect	11. Naturof Indirect Beneficia Ownershi (Instr. 4)						
								:. 3, d 5)								Amount						
				Cod	e	V (.	A)	(D)	Date Exercis	sable		apiration ate	ŕ	Title		or Number of Shares						
Employee Stock Options Vest @ 800 shares per year	\$ 20.125								01/22	/199	9 01	1/22/200	- 1,	Comr Stock Pa Valı	;, \$2 r	4,000		4,00	0	D		
Employee Stock Options Vest @ 232 shares per year	\$ 13								02/20	)/200	01 02	2/20/201	١,	Comr Stock Pa Valı	x, \$2 r	1,170		5,17	0	D		
Employee Stock Options Vest # 300 shares per year	\$ 12.8125								01/25	//200	01	1/25/201	- 19	Comr Stock Pa Valu	x, \$2 r	1,500		6,67	0	D		

Employee Stock Options Vest @ 500 shares per year	\$ 16			01/02/2003	01/02/2012	Common Stock, \$2 Par Value		9,170	D	
Employee Stock Options Vest @ 500 shares per year	\$ 27.87			01/23/2004	01/23/2013	Common Stock, \$2 Par Value		11,670	D	
Employee Stock Options Vest @ 500 shares per year	\$ 33.98			01/29/2005		Common Stock, \$2 Par Value		14,170	D	

# **Reporting Owners**

D ( O N /	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
NEAL JOHN C			Executive Vice President							

### **Signatures**

John C. Neal by D. Anthony Peay	11/02/2004
**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.