# FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
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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) Director 10% Owner							
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/22/2005							X	X Officer (give title below) Other (specify below)  EVP								
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ Fo	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 Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, if (	(Instr. 8)		or Disp		equirities Acquired (A sposed of (D) . 3, 4 and 5)		Owne	5. Amount of Securities Beneficiall Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code		/ A	Amount	or (D)	Pric	e		(1		(I) (Insti	,	.,
Common st	Common stock, \$2 par value 08/22/2005						P		4	ļ	A 41.		96 10,6	49	Ι		D			
Common stock, \$2 par value													428				I	for	istodian ildren	
			Table II		erivativ				a quired	curr , Dis <sub>l</sub>	rently v	valid O of, or Be	MB co	ontrol nu	mber.	inless the	form disp	lays		, ,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date any (Month/Day/Ye	, if	4. Transac Code	ction	5. Num of Deri Secu Acq (A) Disp of (I (Inst	vative varities uired or posed D)	6. Da	te Ex ation	convert cercisab n Date ay/Year	le and	7 0 S	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)  Beneficial Owned Followin Reported Transact (Instr. 4)		ly on(s)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
					Code	V	(A)	(D)	Date Exerc	isabl		xpiration ate	Т	Title	Amount or Number of Shares					
Employee Stock Options Vest @ 800 shares/year	\$ 20.125								01/2	2/19	999 01	1/22/20	008 s	Common stock, \$2 par value	4,000		4,000	)	D	
Employee stock options vest @ 234 shares/year	\$ 13								02/2	0/20	001 02	2/20/20	010	Common stock \$2 par value	1,170		5,170	)	D	
Employee stock options vest @300 shares/year									01/2	5/20	002 01	1/25/20	011	Common stock \$2 par value	1,500		6,670	)	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**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
NEAL JOHN C			EVP					

### **Signatures**

John C. Neal	08/29/2005
Signature of Reporting Person	Date

## **Explanation of Responses:**

- $\star$  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 the 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.