С	Theck this box if no
lo	onger subject to
S	ection 16. Form 4 or
F	orm 5 obligations
n	nay continue. See
It	nstruction 1(b).

D

(Drint or Tr

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

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

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 R PEAY D ANTHONY	2. Issuer Name and UNION BANKS			e ,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
P O BOX 446	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2005					X_Officer (give title below) Other (specify below) EVP & CFO				
(Street) BOWLING GREEN, VA 22427			4. If Amendment, D	ate Original	Filed	(Month/Day	/Year)	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)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		2. Transaction 2A. Deemed 3. Transaction 4. Securities Acquire Date Execution Date, if Code (A) or Disposed of (I (Month/Day/Year) any (Instr. 8) (Instr. 3, 4 and 5)		of (D)	Owned Following Reported Transaction(s)		Beneficial					
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock, \$2 pa	ar value	11/21/2005		Р		2		\$ 46.10 (1)	3,186	D		

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 SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

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

		-	(e	.g., puts	, cal	ls, wa	rrants	s, options, conv	ertible securit	les)									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		of Underlying Securities) of Underlyin Securities		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares								
Employee Stock Options Vest @200 shares/year								01/22/1999	01/22/2008	Common Stock, \$2 par value	2,000		2,000	D					
Employee Stock Options Vest @ 300 shares/year	\$ 12.8125							01/25/2002	01/25/2011	Common stock, \$2 par value	1,500		3,500	D					
Employee Stock Options vest @ 400 shares/year	\$ 16							01/02/2003	01/02/2012	Common Stock, \$2 par value	2,000		5,500	D					
Employee Stock Options vest @ 400 shares/year	\$ 27.87							01/23/2004	01/23/2013	Common Stock, \$2 par value			7,500	D					

Employee Stock Options vest @ 400 shares/year	\$ 33.98						01/29/2005	01/29/2014	Common stock, \$2 par value	2,500		10,000	D		
--	----------	--	--	--	--	--	------------	------------	-----------------------------------	-------	--	--------	---	--	--

Reporting Owners

		Relati	onships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
PEAY D ANTHONY P O BOX 446 BOWLING GREEN, VA 22427			EVP & CFO	

Signatures

D. Anthony Peay	11/29/2005
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 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.