## FORM 4

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

OMB APPROVAL
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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).

#### 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 Ty   | pe Response   | s)   |                     |         |  |            |             |         |  |               |                       |  |   |   |   |   |                                  |   |            |
|--|---|--|---------------------|---------|--|------------|-------------|---------|--|---------------|-----------------------|--|---|---|---|---|----------------------------------|---|------------|
| 1. Name and Address of Reporting Person * HOCKEMEYER REX A |   |  |                     |         | 2. Issuer Name and Ticker or Trading Symbol UNION BANKSHARES CORP [ubsh] |            |             |         |  |               |                       | 5.   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner   |   |   |   |                                  |   |            |
| P. O. BOX 446, 211 NORTH MAIN STREET                       |   |  |                     |         | 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2008              |            |             |         |  |               |                       |  | X Office  | er (give title bel                                      | EVP   | Other (specify  | below                            | ()  |            |
| (Street)   |   |  |                     | 4. If   | 4. If Amendment, Date 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 |   |   |   |                                  |   |            |
|  |   | N, VA 2242                                 |                     |         |  |            |             |         |  |               |                       |  |   |   |   |   |                                  |   |            |
| (City  | <sup>7</sup> )  | (State)                                    | (Zip)               |         |  | Ta         | ıble I      | - Non   | -Der   | ivative :     | Securitie             | s Ac   | equire  | ed, Dispo   | osed of, or I                                 | Beneficially  | Owned                            |   |            |
| 1.Title of Security<br>(Instr. 3)                          |   | 2. Transaction<br>Date<br>(Month/Day/Year) | Exec                |         | tion Date, if  | (Instr. 8) |             | tion    | (A) or Disposed of (Instr. 3, 4 and 5)                   |               | of (I                 | (D) Beneficia<br>Reported  |   | ant of Securities ally Owned Following d Transaction(s) |   | Ownership of Form:  |                                  | Beneficial  |            |
|  |   |  | (Month/Day/Year)    |         |  | ode        | V           | Amoun   | (A)<br>or<br>t (D)                                       | Prio          |                       | (Instr. 3 and 4)   |   |   | Direct (D)<br>or Indirec<br>(I)<br>(Instr. 4) | rect (Instr. 4)   |                                  |   |            |
| Common   | Stock   |  | 10/21/2008(1)       |         |  |            |             | P       | <u> </u>   | 4             | 1                     | \$<br>23.5   |   | 29  |   |   | D                                |   |            |
|  |   |  | Table II -          |         |  |            |             | quire   | the f  | orm dis       | splays a<br>of, or Be | nefic  | rrent<br>cially   | ly valid  | uired to res                                  |   |                                  |   |            |
| 1. Title of  | I <sub>2</sub>  | 3. Transactio                              |                     |         | outs, call   |            | arran<br>5. | ts, opt |  |               | tible secu            |  |   | a a m d   | Q Dries of                                    | 9. Number   | of 10.                           |   | 11. Nature |
|  | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date                                       | Year) Execution Day | ate, if | tte, if Transaction Code Year) (Instr. 8)                                |            |             |         | 6. Date Exercisable and Expiration Date (Month/Day/Year) |               | A<br>U<br>S<br>(I     | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and<br>4) |   | Derivative<br>Security<br>(Instr. 5)                    |   | Owner<br>Form of<br>Deriva<br>Securi<br>Direct<br>or Indi | of<br>tive<br>ty:<br>(D)<br>rect | of Indirect<br>Beneficial<br>Ownershi<br>(Instr. 4) |            |
|  |   |  |                     |         | Code   | V          | (A)         |         | Date<br>Exer   | e<br>rcisable | Expiration Date       | on T   | Γitle   | Amount<br>or<br>Number<br>of<br>Shares                  |   |   |                                  |   |            |

#### **Reporting Owners**

|   | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| HOCKEMEYER REX A<br>P. O. BOX 446<br>211 NORTH MAIN STREET<br>BOWLING GREEN, VA 22427 |               |              | EVP     |       |  |  |  |

#### **Signatures**

| /s/ Rex A. Hockemeyer           | 10/22/2008 |
|---------------------------------|------------|
| **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 DRSPP

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.