#### 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																				
1. Name and Address of Reporting Person * NEAL JOHN C				2. Issuer Name and Ticker or Trading Symbol UNION BANKSHARES CORP [ubsh]							5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2006							X	Director								
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by More 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)			(A) or Disposed of (Instr. 3, 4 and 5)		d of (			ecurities Beneficially ng Reported		Forn Direc	nership II n: E ct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	e ·	V	Amou	(A) o		rice				(I) (Inst	r. 4)		
Common st	ock, \$2 pa	r value	02/28/2006				Р			1 A		\$ 44 (1)	.76 9,6	564			D			
Common st	ock, \$2 pa	r value											428				I	f	Custodiar for hildren	
	l.	I		(e.g	g., puts		s, wa		quired s, opti	l, Di ions,	isposec	l of, or I ertible so	Benefi ecurit	ies)	ned	la ni	los,	0		
Derivative Conversion Date			3A. Deemed Execution Date, r) any	3A. Deemed 4. Execution Date, if Tr		(e.g., puts, calls, w  4. 5. Transaction Nur Code of (Instr. 8) Der Sec Acc (AA) Disj		warrants, op umber		Expiration Date of Month/Day/Year) Se			7. Title ar of Underl Securities	7. Title and Amount of Underlying Securities (Instr. 3 and 4)  8. Price of 9. 1 Derivative Security (Instr. 5)  Bei Ook Fol Re		Derivative Securities Beneficia Owned Following Reported	ivative Ow urities For Deficially Deformed Sec lowing Dir orted or I nsaction(s) (I)	Form of Derivati Security Direct (I or Indire (I)	Owner (Instr. D)	
							of (I (Inst 4, an	r. 3,									(Instr. 4)		(Instr. 4	)
					Code	V	(A)	(D)	Date Exerc			Expiration Date	on	Title	Amount or Number of Shares					
Employee stock options vest @800 shares/year	\$ 20.125								01/2	22/1	1999	01/22/2	2008	Commo stock, \$ par valu	2 4,000		4,000	0	D	
Employee stock options vest @ 234 shares/year	\$ 13								02/2	20/2	2001	02/20/2	2010	Commo stock, \$ par valu	2 1,170		5,170	0	D	
Employee stock options vest @ 300 shares/year	\$ 12.8125								01/2	25/2	2002	01/25/2	2011	Commo stock, \$ par valu	2 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 4 0 V /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
NEAL JOHN C			EVP					

### **Signatures**

John C. Neal	03/23/2006
**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 administrtor 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.