FORM	4
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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).	

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

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SEC 1474 (9-02)

### 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 <sup>*</sup> 2. Issuer Name and Ticker or Trading Symbol         TILLETT RONALD L       Atlantic Union Bankshares Corp [AUB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner				
(Last) (First) C/O ATLANTIC UNION BAN CORP, 1051 E. CARY STREE		3. Date of Earliest Transaction (Month/Day/Year) 09/03/2019					Officer (give title below)	Other (specify	below)		
(Street) RICHMOND, VA 23219	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				
(City) (State)	(Zip)	Ta	ble I - Non	-Der	ivative So	ecurities	uired, 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)	Code (Instr. 8)		(A) or D	(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/03/2019		А		346 <u>(1)</u>	А	\$ 0	3,332.189	I	By Trustee of Non- Qualified Plan (deferred comp)	
Common Stock								27,720.25	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 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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n Nu	umber	r	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of			(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	erivat	ive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Se	ecuriti	ies			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				A	cquire	ed			4)			Following	Direct (D)	
					(A	() or							Reported	or Indirect	
					Di	ispose	ed						Transaction(s)	(I)	
					of	(D)							(Instr. 4)	(Instr. 4)	
					(Ir	nstr. 3	3,								
					4,	and 5	5)								
											Amount				
								D.	<b>.</b>		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	(A	A) (I	D)				Shares				

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TILLETT RONALD L C/O ATLANTIC UNION BANKSHARES CORP 1051 E. CARY STREET, STE 1200 RICHMOND, VA 23219	Х						

## Signatures

/s/ Rachael R. Lape, Attorney-in-Fact		09/05/2
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\*\*Signature of Reporting Person

### 09/05/2019 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) Direct issue from Issuer.

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.