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). |
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer SHEPHARD JOEL R 2. Issuer Name and Ticker or Trading Symbol 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 0'flicer (give title Other (specify below) Other (specify below) 4300 COX ROAD | | | Table I - Non | -Derivative Securities Acquired, Disposed of, or Benef | ficially Owned |
|---|---------------|---------|---------------|--|------------------------------------|
| SHEPHARD JOEL R Atlantic Union Bankshares Corp [AUB] (Check all applicable) (Last) (First) (Middle) 4300 COX ROAD 4. If Amendment, Date of 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) | | |
| SHEPHARD JOEL R Atlantic Union Bankshares Corp [AUB] (Check all applicable) (Last) (First) (Middle) 4300 COX ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) | . , | VA | 23060 | | |
| SHEPHARD JOEL R Atlantic Union Bankshares Corp [AUB] (Check all applicable) (Last) (First) (Middle) | 4300 COX ROAD | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | , |
| SHEPHARD IOEL R Atlantic Union Bankshares Corp [AUB] (Check all applicable) | · · / | · · · | (Middle) | | Officer (give title Other (specify |
| | | | erson* | | (Check all applicable) |

1. Title of Security (Instr. 3) 2. Transaction Date 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature of 2A. Deemed 5. Amount of 6. Ownership Transaction Form: Direct (D) Execution Date. Securities Indirect (Month/Day/Year) if any Code (Instr. Beneficially Owned or Indirect (I) Beneficial Following Reported Transaction(s) (Month/Dav/Year) 8) (Instr. 4) Ownership (Instr. 4) (A) or Price (Instr. 3 and 4) Code v Amount D) Common Stock 07/01/2024 A 495(1) \$<mark>0</mark> 109,032 D Α By Common Stock 135 I

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|---|---|--|-----|--|--------------------|--|-------------------------------------|---|--|---|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. Direct issue from Issuer.

/s/ Rachael R. Lape, Attorney-in-Fact 07/03/2024

** Signature of Reporting Person

or indirectly

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.