# FORM 5

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

OMB APPR	OVAL
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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). Form 3 Holdings Reported Form 4 Transactions

Reported

## ANNUAL 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 * Hansen Daniel I			2. Issuer Name and Ticker or Trading Symbol UNION BANKSHARES CORP [UBSH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) (Middle) 211 NORTH MAIN STREET			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007					Officer (give title below)	Other (specif	y below)	
(S	Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
BOWLING GREEN, VA 22427								_X_Form Filed by One Reporting PersonForm Filed by More than One Reporting Person			
(City) (S	State)	(Zip)	Tal	ble I - Non-Der	ivative Se	ecurities	s Acqu	ired, Disposed of, or Beneficial	ly 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)				5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. 7. Nature of Indirect Beneficial Direct (D) or Indirect (I) (Instr. 4)		
Common Stock								49,793	D		
Common Stock								27,000	Ι	By Spouse	
Common Stock								13,200	I	By Self as Custodian for Children	
Common Stock								24,219	I	By Self as Custodian for George W. Hansen Family Trust	
Common Stock								750	I	By Self as Custodian for Nancy D. Hansen Marital Deduction Trust	

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.

SEC 2270 (9-02)

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

			(6.8., 1	, ares, earns,	arranes, ope	ions, convertible securi	1100)				
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	6. Date Exercisable	7. Title and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Number	and Expiration Date	Amount of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of	(Month/Day/Year)	Underlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative		Securities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Securities		(Instr. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acquired		4)		Owned at	Direct (D)	
					(A) or				End of	or Indirect	
					Disposed				Issuer's	(I)	
					of (D)				Fiscal Year	(Instr. 4)	
					(Instr. 3,				(Instr. 4)		
					4, and 5)						
							l .				

				Date Exercisable	Expiration Date	Title	Amount or Number of		
		(A)	(D)				Shares		

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hansen Daniel I							
211 NORTH MAIN STREET	X						
BOWLING GREEN, VA 22427							

### **Signatures**

/s/ Daniel I. Hansen	01/30/2008
**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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.