## FORM 4

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

| OMB APPROVAL             |           |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |
| nours per response       | e 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

|  | pe Response   |  |            |  |           |  |  |  |                                |                             |   |   |   |   |  |                                    |
|--|---|--|------------|--|-----------|--|--|--|--------------------------------|-----------------------------|---|---|---|---|--|------------------------------------|
| 1. Name and Address of Reporting Person * Bentley Elizabeth M. |   |  |            | 2. Issuer Name and Ticker or Trading Symbol Union Bankshares Corp [ubsh] |           |  |  |  |                                |                             | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner  |   |   |   |  |                                    |
| (Last) (First) (Middle)<br>1051 E. CARY STREET, SUITE 1200     |   |  |            | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014              |           |  |  |  |                                |                             |   | X Officer (give title below) Other (specify below)  EVP |   |   |  |                                    |
| (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 PersonForm filed by More than One Reporting Person |   |   |   |  |                                    |
| (City  | ′)  | (State)  | (Zip)      |  | 7         | Гable                                  | I - Non  | -Deri  | ivative S                      | ecurities                   | Acqui   | ired, Disposed of, or Beneficially Owned                |   |   |  |                                    |
| (Instr. 3) Date  |   | 2. Transaction<br>Date<br>(Month/Day/Year)                           |            |  | if Co     | Transac<br>ode<br>nstr. 8)             | 4. Securities Acqu<br>(A) or Disposed c<br>(Instr. 3, 4 and 5) |  | of (D)                         | Beneficial<br>Reported      | unt of Securities<br>ially Owned Following<br>d Transaction(s)  |   | Ownership<br>Form:                                  | Beneficial  |  |                                    |
|  |   |  |            | (Month/  | Day/ Y ea |  | Code   | V  | Amount                         | (A) or (D)                  | Price   | (Instr. 3 and 4)  |   |   | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)                           | Ownership<br>(Instr. 4)            |
| Common   | Stock   |  | 02/27/2014 |  |           |  | A  |  | 1,560                          | A                           | \$ 0  | 7,996   |   |   | D  |                                    |
| Common   | n Stock   |  |            |  |           |  |  |  |                                |                             |   | 5,967   |   |   | I  | By<br>Trustee<br>of ESOP           |
|  |   |  | Table II - |  | e Secur   | ities A                                | Acquire  | Perseconta<br>conta<br>the fe                            | ons who<br>ained in<br>orm dis | responding this for plays a | m are<br>currei<br>eficial  | not requesting ntly valid                               |   | ormation<br>spond unlea<br>trol number  | ss   | 1474 (9-02)                        |
|  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) |            | 4.<br>Transaction<br>Code<br>Year) (Instr. 8)                            |           | 5. Nur of Der Sec Acq (A) Disj of (Ins | nber ivative urities quired or posed                           | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                                |                             | 7. Ti<br>Amo<br>Und<br>Secu   | itle and<br>bunt of<br>erlying<br>irities<br>r. 3 and   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | Beneficia<br>Ownersh<br>(Instr. 4) |
|  |   |  |            |  |           |  |  | Date   |                                | Expiration<br>Date          | n Title   | Amount<br>or<br>Number<br>of                            |   |   |  |                                    |

### **Reporting Owners**

| D ( O N (   | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| Bentley Elizabeth M.<br>1051 E. CARY STREET<br>SUITE 1200<br>RICHMOND, VA 23219 |               |              | EVP     |       |  |  |  |

### **Signatures**

| /s/ Rachael R. Lape, as attorney in fact for Elizabeth M. Bentley | 12/23/2014 |
|---|------------|
| -*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 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.