FORM 4	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).

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

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#### 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 HOCKEMEYER R	2. Issuer Name and Ticker or Trading Symbol UNION FIRST MARKET BANKSHARES CORP [ubsh]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner Officer (give title below)Other (specify below)						
P. O. BOX 446, 211	3. Date of Earliest Transaction (Month/Day/Year) 02/22/2011						EVP						
(Street) BOWLING GREEN, VA 22427			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)	Table I - Non-Derivative Securities Acqu					es Acqui	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock		02/22/2011(1)		Code P	V	Amount 9	, í	Price \$	2 460 (2)	(Instr. 4)			
Common Stock		02/22/2011		1		,		11.40	2,460 <sup>(2)</sup> 42	_	By Trustee of ESOP		

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

SEC 1474 (9-02)

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

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)																					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exercisable		5. Date Exercisable		6. Date Exercisable		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expiration Date		and Expiration Date		and Expiration Date		and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year)		(Month/Day/Year)		(Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Securities		(Instr. 5)	Beneficially	Derivative	Ownership						
	Derivative					Secur								(Instr	. 3 and		Owned	Security:	(Instr. 4)		
	Security					Acqu				4)			0	Direct (D)							
						(A) o							1	or Indirect							
							Disposed					Transaction(s)	· · /								
						of (D	·						(Instr. 4)	(Instr. 4)							
						(Instr	· · · ·														
						4, and	15)														
											Amount										
								Date	Expiration		or										
								Exercisable		Title	Number										
								Excicisuole	Dute		of										
				Code	V	(A)	(D)				Shares										

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HOCKEMEYER REX A P. O. BOX 446 211 NORTH MAIN STREET BOWLING GREEN, VA 22427			EVP				

## Signatures

/s/ Rex A. Hockemeyer	02/23/2011

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 administrator of DRSPP.
- (2) Includes 1,253 shares of restricted stock.

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.