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).

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

(Print or Type	Responses)																			
1. Name and Address of Reporting Person *- PEAY D ANTHONY			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									
P O BOX 446 (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/22/2005							_X_	X_ Officer (give title below) Other (specify below) EVP & CFO								
BOWLING	GREEN,	(Street) VA 22427		4. I	f Amen	dme	nt, Da	ate Ori	ginal Filed	(Montl	n/Day/Y	(ear)		_X_ Fo	rm filed by C	One Reporting P	Filing(Check Person Reporting Person	Applicable L	ine)	
(City)		(State)	(Zip)					Table	I - Non-D	eriva	tive S	Securiti	es Acq	uired, l	Disposed (of, or Benef	icially Own	ed		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, any (Month/Day/Yea		e, if	3. Tran Code (Instr.	nsaction 8)	or Disposed of (I		ed of (D				\ /		6. Ownership Form: Direct (D)	of In Ben	7. Nature of Indirect Beneficial Ownership	
					(**************************************		Ca.)	Coc	le V			(A) or (D)	Price	(III)	(mst. 7 and 7)			or Indirect (I) (Instr. 4)		str. 4)
Common stock \$2 par value 08/22/2005			08/22/2005				P	2		A		5 1.696 <u>1)</u>	3,17	3,179		D				
Reminder: Re	port on a sep	arate line for each	class of securities b	- De	erivativ	e Se	curit	ies Acc	Pers in th a cui	ons vis for	m ar y val d of,	e not r lid OMI or Beno	equire B con eficiall	ed to re trol nu	espond u mber.		on contain form displ		C 1474	4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, any (Month/Day/Ye.	if	4. Transac Code	tion	5. Num of Deri Secu Acq (A) Disp of (I (Inst	nber vative urities uired or oosed	6. Date E Expiratio (Month/I	options, convertible securiti Date Exercisable and Expiration Date Month/Day/Year)		7. T of U Sec	7. Title and Amount of Underlying		8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	rship of lative ty: (D) irect	11. Natu of Indire Benefici Owners! (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ole	Expi Date	ration	Titl	e	Amount or Number of Shares					
Employee stock options @ 200 shares/year	\$ 20.125								01/22/1	999	01/2	22/200	8 stc	mmon ock \$2 value	2,000		2,000	D		
Employee stock options vest @300 shares/year	\$ 12.8125								01/25/2	:002	01/2	25/201	1 stc	mmon ock \$2 value	1,500		3,500	D		
Employee stock options vest @ 400 shares/year	\$ 16								01/02/2	003	01/0)2/201	2 stc	mmon ock \$2 value	2,000		5,500	D		
Employee stock options vest @ 400 shares/year	\$ 27.87								01/23/2	004	01/2	23/201	3 sto	mmon ock \$2 value	2,000		7,500	D		

Employee											
stock							Common				
options vest @	\$ 33.98				01/29/2005	01/29/2014	stock \$2	2,500	10,000	D	
500							par value				
share/year											

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
PEAY D ANTHONY			EVID 0 CEO					
P O BOX 446 BOWLING GREEN, VA 22427			EVP & CFO					

Signatures

D. Anthony Peay	08/29/2005
**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).
- (1) Voluntary purchase by administrator of the DRIP/SPP

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

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.