## 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 * NEAL JOHN C				2. Issuer Name and Ticker or Trading Symbol UNION BANKSHARES CORP [ubsh]							1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director								
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/24/2006							_X_	X Officer (give title below) Other (specify below)								
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)									_X_ Fo	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)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1.Title of Security (Instr. 3)		Date Ex (Month/Day/Year) any		2A. Deemed Execution Date, if any (Month/Day/Year)		if (	(Instr. 8)		(A) o		ecurities Acquire or Disposed of (I tr. 3, 4 and 5)				ecurities Beneficially ng Reported		Ownership Form: EDirect (D)		Beneficial Ownership	
									V	Amour	(A) or (D)		rice		(I)			`	nstr. 4)	
Common st	tock, \$2 pa	r value	07/24/2006				P			4	A	\$ 41. (1)		9,683		Б				
Common S	Common Stock, \$2 par value												428		I		Ι	fe	ustodian or hildren	
Reminder: Rej	port on a sep	arate line for each	class of securities b						P in a	ers n th cui	ons w is forn rrently	n are no valid O	t ree	to the collequired to recontrol nutricially Owne	espond u mber.					474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security				4. 5, if Transaction N Code oarn (Instr. 8) E S A (L		5. Num of Deri Secu Acqu (A) o	vative varities uired or posed O) er. 3,	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Form of Derivative Security: Direct (I or Indire	(Instr. 4)			
					Code	V	(A)	(D)	Date Exerc	cisal		Expiration Date	1	Title	Amount or Number of Shares					
Employee stock options vest @ 800 shares/year	\$ 20.125								01/2	.2/1	1999 (	01/22/20	008	Common stock, \$2 par value	4,000		4,000	0	D	
Employee stock options vest @ 234 shares/year	\$ 13								02/2	20/2	2001 (	)2/20/20	010	Common stock, \$2 par value	1,170		5,170	0	D	
Employee stock options vest @ 300 shares/year	\$ 12.8125								01/2	25/2	2002	)1/25/20	011	Common stock, \$2 par value	1,500		1,500	0	D	

Employee stock options vest @ 500 shares/year	\$ 16			01/02/2003	01/02/2012	Common stock, \$2 par value	2,500	9,170	D	
Employee stock options vest @ 500 shares/year	\$ 27.87			01/23/2004	01/23/2013	Common stock, \$2 par value	2,500	11,670	D	
Employee stock options vest @ 500 shares/year	\$ 33.98			01/29/2005	01/29/2014	Common stock, \$2 par value	2,500	14,170	D	

### **Reporting Owners**

P 4 0 Y 4	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
NEAL JOHN C			EVP					

## **Signatures**

John C. Neal	07/26/2006
**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 DRP/SPP

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.