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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 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

1. Name and Address of Reporting Person * MORIN R HUNTER				2. Issuer Name and Ticker or Trading Symbol UNION BANKSHARES CORP [UBSH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last	(Last) (First) (Middle)			3. Date of Earlie 02/22/2005	3. Date of Earliest Transaction (Month/Day/Year) 02/22/2005					Officer (give title below) Other (specify below)				
		(Street)		4. If Amendmen	t, Date Ori	ginal	Filed(Mont	h/Day/Y	ear)	_X_ Form fil	ed by One Repo		Check Applicab	le Line)
(City) (State) (Zip)			1	Table I - Non-Derivative Securities Acqu					nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		f Code (Instr. 8)		on 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)		d of (D)	Benefici Reported	unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year	Code	V	Amount	(A) or (D)	Price	(IIISIT. 3	(Instr. 3 and 4)		\ /	Ownership (Instr. 4)
Common Value	Stock, \$2	Par	02/22/2005		P		141	A	\$ 35.544′ (1)	6,163			D	
Reminder:	Report on a s	separate line f	or each class of sec	urities beneficially	owned dire	ctly o	r indirectl	ly.						
Reminder:	Report on a s	separate line f		urities beneficially - Derivative Secur (e.g., puts, calls, v	ities Acqui	Per cor the	rsons whatained in form dis	no res n this splays	form ares a curre	e not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	•	3. Transaction Date (Month/Day)	Table II on 3A. Deeme Execution I any	- Derivative Secur	ities Acqui varrants, o	Per conthe	rsons whatained in form dis	of, or lecisable	Beneficial ecurities) e 7. T e Am Und	e not requ ntly valid	uired to res OMB con	spond unle	of 10. Ownersh Form of Derivatin Security Direct (I or Indire	11. Nature of Indirection of Indirec

P (0 N (Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MORIN R HUNTER	X				

Signatures

R. Hunter Morin by D. Anthony Peay POA	02/25/2005
**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 DRIP/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.