FORM 4	4
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С	Theck this box if no
lo	onger subject to
S	ection 16. Form 4 or
F	orm 5 obligations
n	nay continue. See
It	nstruction 1(b).

(Print or Type Responses)

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 Reporting Person [*] 2. Issuer Name and Ticker or Trading Symbol 5 PEAY D ANTHONY UNION BANKSHARES CORP [ubsh] 5					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
P O BOX 446	(First)		3. Date of Earliest Transaction (Month/Day/Year) 09/21/2005					X_Officer (give title below)Other (specify below) EVP & CFO				
BOWLING GREEN,	(Street) VA 22427		4. If Amendment, D	ate Original	Filed	(Month/Day	/Year)		6. Individual or Joint/Group Filing(Cheek 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 Acqu				ties Acqu	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	5		2A. Deemed Execution Date, if any (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)	Ownership of Indire Form: Beneficia	7. Nature of Indirect Beneficial		
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common stock, \$2 pa	ar value	09/21/2005		Р		2		\$ 41.96 (1)	3,181	D		

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

Persons who respond to the collection of information contained SEC 1474 (9-02) 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 (e.g., puts, calls, warrants, options, convertible securities)

		 (e	.g., puts	, cai	is, wai	rrant	s, options, conv	ertible securit	ies)		 		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		of Deriv Secur Acqu (A) o Dispo of (D (Instr	(Month/Day/Year) rivative quired o or posed		e of Underlying ear) Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee stock option vest @ 200 shares/year							01/22/1999	01/22/2008	Common stock, \$2 par value	2,000	2,000	D	
Employee stock option vest @ 300 shares/year	\$ 12.8125						01/25/2002	01/25/2011	Common stock, \$2 par value	1,500	3,500	D	
Employee stock options vest @ 400 shares/year	\$ 16						01/02/2003	01/02/2012	Common stock, \$2 par value	2,000	5,500	D	
Employee stock options vest @ 400 shares/year	\$ 27.87						01/23/2004	01/23/2013	Common stock, \$2 par value	2,000	7,500	D	

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

Reporting Owners

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

Signatures

D. Anthony Peay	09/26/2005
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.