FORM 4

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

Employee stock

\$ 13.42

\$ 8.54

\$ 10.67

options

vest @ 200

options

vest @

options

vest @

shares/year

400

shares/year Employee stock

300

shares/year Employee stock

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

Instruction	on 1(b).			Inv	estmer	ıt Coı	mpa	ny A	ct of 1	940								
(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. Re	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) P O BOX 446				3. Date of Earliest Transaction (Month/Day/Year) 12/21/2006							X	X_Officer (give title below) Other (specify below) EVP/CFO						
(Street) BOWLING GREEN, VA 22427				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ F	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)	GREEN,	VA 22421 (State)	(Zip)			Tab	do I	Non	Dorivo	tivo Coou	witing A	Aggired	Disposed	of ar Danaf	icially Own	ad a		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)					(Instr. 8		ection	or Di	4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5)		Owned Follov Transaction(s)				Form:	7. Nature of Indirect Beneficial		
				(Month/D	ay/Year]		ode	V	Amou	(A) or (D)	Pri	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common st	tock, \$1.33	par value	12/21/2006				P		3	A	\$	582 4,8	16			D		
Reminder: Re	port on a sepa	arate line for each	class of securities b	- Derivativ	e Secur	ities A	Acqu	Per in t a c	rsons v his for urrentl	m are n y valid (d of, or I	ot requ OMB c Benefici	uired to nontrol nuitable	espond ι umber.		on contain form displ		1474 (9-02)	
1. Title of	2.	3. Transaction	3A. Deemed	4.	5, cans, v	warra		-		able and		7. Title and	d Amount	8 Price of	0 Number	of 10.	11. Natur	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security		Execution Date,	if Transac Code	etion No of Se Ac (A Di of (Ir		ve es d	Expirat	ion Dat /Day/Y	9	c S	of Underly Securities Instr. 3 an	derlying ities (Instr. 5) Derivative Security (Instr. 5) Beneficially Owned Following Reported Transaction(s) (Instr. 4) Construction C		ship of Indire Beneficia Ownersh (Instr. 4)			
				Code	V	A) (T	Е	Date Exercis	able	Expiration Date	on 7	Γitle	Amount or Number of Shares					

Common

stock,

\$1.33 par

value

Common

stock,

\$1.33 par

value

Common

stock,

\$1.33 par

value

3,000

750

3,000

3,000

3,750

6,750

D

D

D

01/22/1999 01/22/2008

01/25/2002 01/25/2011

01/02/2003 01/02/2012

Employee stock options vest @ 400 shares/year	\$ 18.58				01/23/2004	01/23/2013	Common stock, \$1.33 par value		9,750	D	
Employee stock options vest @ 400 shares/year	\$ 22.65				01/29/2005		Common stock, \$1.33 par value		13,500	D	

Reporting Owners

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

Signatures

D. Anthony Peay	12/22/2006
**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.