## 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* 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 Ty	pe Response	s)		1											
1. Name and Address of Reporting Person * Orfe Janis				UNI	2. Issuer Name and Ticker or Trading Symbol UNION FIRST MARKET BANKSHARES CORP [ubsh]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below)  Other (specify below)				
P. O. BOX 446, 211 NORTH MAIN STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2011								EVP		
(Street)				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
BOWLING GREEN, VA 22427											and the second s				
(City	r)	(State)	(Zip)		Ta	ble I - No	n-De	rivative S	Securitie	es Acqui	red, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	Execut		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:	Beneficial		
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 a	: 3 and 4)		\ /	Ownership (Instr. 4)		
Common	1 Stock		02/01/2011			A		279 (1)	A :	\$ 14.94 (2)	3,387	3)		D	
Common Stock										933		I	By Trustee of ESOP		
Reminder:	Report on a s	separate line fo		Deriva	tive Securit	ies Acquir	Person the	sons wh tained in form dis	o responding this for splays a	orm are a currer	not requality valid	OMB conf	formation spond unle trol numbe	ss	1474 (9-02)
	l.	l			ıts, calls, wa									2 4 2	44.37
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution D	ate, if	Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and (Mo	and Expiration Date Month/Day/Year)  S		Amo Undo Secu	ount of derlying urities tr. 3 and Derivative Security (Instr. 5)		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownershi (Instr. 4) D) ect
					Code V	(A) (D)	Dat Exe	-	Expiration Date	on Title	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Orfe Janis P. O. BOX 446 211 NORTH MAIN STREET BOWLING GREEN, VA 22427			EVP			

#### **Signatures**

/s/ Janis Orfe	02/03/2011			
**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).
- Performance shares awarded under 2007-2010 long term incentive plan reduced by 227 shares traded on 2/1/2011 to cover applicable taxes under net settlement procedure elected by reporting person.
- (2) Per 2007 long term incentive plan, \$14.94/share, which is the average per share close price for the five trading days ending 12/31/2010
- (3) Includes 1,899 shares of restricted stock; 633 shares of restricted stock vested on 12/17/2010, and 244 shares vested on 2/1/2011 (of which 203 shares were traded on 12/17/2010, and 88 shares were traded on 2/1/2011 to cover applicable taxes per contract).

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.