FORM 5

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

| OMB APPROVAL | | | | | | |
|--------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | |
| Estimated average | burden | | | | | |
| hours per response | e 1.0 | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported
Form 4 Transactions

Reported

ANNUAL 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* Moore Hullihen W | | | 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) | | |
|---|---------------------|--|---|--------------------------------------|--|--|---|---|--|---|
| (Last) P. O. BOX 446 | (First) | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | | | | • | Officer (give title below) | Other (specify | below) |
| BOWLING GREEN | (Street) N, VA 2242 | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Reporting (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) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| Common Stock | | | | | | | | 31,371 | D | |
| Common Stock | | | | | | | | 1,073 | I | By Trustee of non- qualified plan |

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | 5. | | 6. Date Exer | cisable | 7. Tit | le and | 8. Price of | 9. Number | 10. | 11. Nature |
|-------------|-------------|------------------|--------------------|-------------|---------|-------|--------------|------------|--------|---------|-------------|--------------|-------------|-------------|
| Derivative | Conversion | Date | Execution Date, if | Transaction | Numb | er | and Expirati | on Date | Amou | ınt of | Derivative | of | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | of | | (Month/Day | /Year) | Unde | rlying | Security | Derivative | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Deriv | ative | | | Secur | rities | (Instr. 5) | Securities | Derivative | Ownership |
| | Derivative | | | | Secur | ities | | | (Instr | . 3 and | | Beneficially | Security: | (Instr. 4) |
| | Security | | | | Acqu | ired | | | 4) | | | Owned at | Direct (D) | |
| | | | | | (A) or | | | | | | | End of | or Indirect | |
| | | | | | Dispo | | | | | | | Issuer's | (I) | |
| | | | | | of (D) | | | | | | | Fiscal Year | (Instr. 4) | |
| | | | | | (Instr. | | | | | | | (Instr. 4) | | |
| | | | | | 4, and | l 5) | | | | | | | | |
| | | | | | | | | | | Amount | | | | |
| | | | | | | | Date | Expiration | | or | | | | |
| | | | | | | | Exercisable | | Title | Number | | | | |
| | | | | | | | Exercisable | Date | | of | | | | |
| | | | | | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Moore Hullihen W P. O. BOX 446 BOWLING GREEN, VA 22427 | X | | | | | |

Signatures

| /s/ Hullihen W. Moore | | 02/11/2010 | |
|-----------------------|--|------------|--|
|-----------------------|--|------------|--|

| **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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.