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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average but	rden					

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 hours per response...

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 * BEALE G WILLIAM			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) _X_ Director _X_ Officer (give title below) Check all applicable) _Other (specify below)			
(Last)	(First)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009				President & CE	EO				
P.O. BOX 446, 211 N	N. MAIN ST.										
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
BOWLING GREEN, VA 22427								_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 Be						ned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		Code (A) or l				5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form:	Beneficial	
			(Month/Day/Year)		Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock								48,075 <u>(1)</u>	D		
Common Stock								25,316	I	By Spouse	
Common Stock								1,714	I	By self as custodian for children	
Common Stock								17,238	I	By Trustee of ESOP	
Common Stock								8,355	I	By Trustee of non- qualified plan	

owned directly or indirectly.

Reminder: Report on a separate line for each class of securities beneficially 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.

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

1. Title of 3. Transaction 3A. Deemed 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number 11. Nature Derivative Number of Underlying of Indirect Conversion Date Execution Date, if Transaction **Expiration Date** Derivative Ownership (Month/Day/Year) Beneficial Security or Exercise Code of (Month/Day/Year) Securities Security Derivative Form of anv (Month/Day/Year) (Instr. 3) (Instr. 8) Derivative (Instr. 3 and 4) (Instr. 5) Derivative Ownership Price of Securities Derivative Securities Beneficially Security: (Instr. 4) Security Acquired Owned at Direct (D) (A) or End of or Indirect Disposed Issuer's of (D) Fiscal Year (Instr. 4) (Instr. 3, (Instr. 4) 4, and 5) Amount Date Expiration Title Number Exercisable Date Shares (A) (D) Employee Stock Common Option 01/23/2004 01/23/2013 Stock 1,050 \$ 18.58 1,050 D (right to buy)

Emplo	yee									
Stock						Common				
Option	s 22.65			01/29/2005	01/29/2014	Stock	2,100	3,150	D	
(right	to					SIOCK				
buy)										

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BEALE G WILLIAM P.O. BOX 446 211 N. MAIN ST. BOWLING GREEN, VA 22427	X		President & CEO				

Signatures

/s/ G. William Beale	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).
- (1) Includes 7,671 shares of restricted stock

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.