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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Response | es) | | T | | | | | | | | |
|---|---|------------|--|------------|-------|---|---------------|---|---|----------------------------------|---|
| 1. Name and Address of Corbin Patrick E. | 2. Issuer Name a Atlantic Union | | | 0. | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | |
| (Last) C/O ATLANTIC U CORP, 1051 E. CA | | | 3. Date of Earliest 10/01/2021 | Transactio | on (M | Ionth/Day | /Year) | | Officer (give title below) | Other (specif | y below) |
| (Street) RICHMOND, VA 23219 | | | 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 | | |
| (City) | (State) | (Zip) | Ta | ble I - No | n-Dei | rivative S | ecuritie | es Acq | uired, Disposed of, or Beneficial | ly Owned | |
| 1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year) | | | Code (Instr. 8) | | | | | Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) | Beneficial | |
| | | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | 10/01/2021 | | A | | 407 ⁽¹⁾ | A | \$ 0 | 5,833 | I | By Trustee of Non- Qualified Plan (deferred comp) |
| Common Stock | | | | | | | | | 17,752 | D | |
| Common Stock | | | | | | | | | 13,072 | I | By Patrick Corbin Revocable Trust |

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

SEC 1474 (9-02)

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.

 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 of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transacti | ion | Num | ber | and Expirati | on Date | Amou | unt of | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | | of | | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | | Deriv | ative | | | Secur | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | | Secu | rities | | | (Instr | . 3 and | | Owned | Security: | (Instr. 4) |
| | Security | | | | | Acqu | ired | | | 4) | | | Following | Direct (D) | |
| | | | | | | (A) o | r | | | | | | Reported | or Indirect | |
| | | | | | | Dispo | osed | | | | | | Transaction(s) | (I) | |
| | | | | | | of (D | · | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | | (Instr | · · · · | | | | | | | | |
| | | | | | | 4, and | d 5) | | | | | | | | |
| | | | | | | | | | | | Amount | | | | |
| | | | | | | | | Data | Emination | | or | | | | |
| | | | | | | | | Date Exercisable | Expiration | Title | Number | | | | |
| | | | | | | | | Exercisable | Date | | of | | | | |
| | | | | Code | V | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address Director 10% Officer Other | | Relationships | | | | | | |
|---|--------------------------------|---------------|---|---------|-------|--|--|--|
| | Reporting Owner Name / Address | Director | - | Officer | Other | | | |



Signatures

| /s/ Rachael R. Lape, Attorney-in-Fact | 10/05/2021 |
|---------------------------------------|------------|
| **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) Direct issue from Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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