FORM 4	4
--------	---

Check this box if no
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 Respon	nses)		r									
1. Name and Addres Corbin Patrick E	2. Issuer Name <b>and</b> Ticker or Trading Symbol Atlantic Union Bankshares Corp [AUB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner					
(Last) C/O ATLANTIC CORP, 1051 E. (	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2021						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)	Table I - Non-Derivative Securities Acquire						ired, Disposed of, or Beneficially Owned			
1.Title of Security     2. Transaction       (Instr. 3)     Date       (Month/Day/Year)		Date (Month/Day/Year)		Code (Instr. 8)		(A) or Disposed 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 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock		01/03/2022		A		704 (1)	A	\$ 0	6,537	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.

Persons who respond to the collection of information SEC 1474 (9-02) 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	Transaction	Nur	Number and Expiration Date A		Amou	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of	of (Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	vative			Secur	ities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	Securities		(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security				Acq	uired			4)			Following	Direct (D)	
					(A)	or						Reported	or Indirect	
					Disp	osed						Transaction(s)	(I)	
					of (	D)						(Instr. 4)	(Instr. 4)	
					(Instr. 3,									
					4, a	nd 5)								
										Amount				
							<b>D</b> .	<b>.</b>						
							Date	Expiration Date	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	01/05/2022
**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.

Х

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.