FORM	4
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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

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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 Responses)											
1. Name and Address of Reporting Po O'Brien Shawn E.	2. Issuer Name an Atlantic Union			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	(Last) (First) (Middle) O ATLANTIC UNION BANKSHARES ORP, 1051 E. CARY STREET, STE 1200		Transactio	n (M	onth/Day/	Year)	XOfficer (give title below) Other (specify below) EVP Other (specify 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 Acquired, Disposed of, or Be						ired, Disposed of, or Beneficially	Owned		
1.Title of Security (Instr. 3)	Date (Month/Day/Year)		(Instr. 8)	ction	4. Securi (A) or D (Instr. 3,	isposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:		
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	· · · ·	Ownership (Instr. 4)	
Common Stock	02/20/2022		F		186 <mark>(1)</mark>	D	\$ 40.99	6,390	D		
Common Stock	02/23/2022		F		203 (1)	D	\$ 39.97	6,187	D		
Common Stock	02/24/2022		А		1,945 (2)	А	\$ 0	8,257.582 (<u>3</u>)	D		
Common Stock								67.516 (4)	Ι	By Trustee of ESOP	

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., j	outs, calls	s, w	arran	ts, op	tions, conver	tible securi	ties)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.	6. Date Exercisable 7		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year) U		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	vative	ç		Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu		((Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) 0							1	or Indirect	
						Dispo	osed						Transaction(s)		
						of (D	·						(Instr. 4)	(Instr. 4)	
						(Instr	· · ·								
						4, an	d 5)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

		Relations	nips	
Reporting Owner Name / Address		10% Owner	Officer	Other
O'Brien Shawn E. C/O ATLANTIC UNION BANKSHARES CORP 1051 E. CARY STREET, STE 1200 RICHMOND, VA 23219			EVP	

Signatures

/s/ Rachael R. Lape, Attorney-in-Fact
** Signature of Danasting Danson

-Signature of Reporting Person

02/25/2022 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) Shares withheld on vesting of restricted stock award to cover tax withholding.
- (2) Award of time-based restricted stock subject to a vesting schedule.
- (3) Includes additional shares acquired through dividend reinvestment since the reporting person's last Form 4.
- (4) Includes shares allocated to the reporting person in connection with an employee stock ownership plan.

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.