FORM 4

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

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

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

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 * Delorier Rilla S			2. Issuer Name and Ticker or Trading Symbol Atlantic Union Bankshares Corp [AUB]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 1051 EAST CARY STREET, STE 1200			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022					-	Officer (give title below) Other (specify below)					
(Street) RICHMOND, VA 23219			4. If Amendment, Date Original Filed(Month/Day/Year)						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 Acqu					Acquir	nired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Da	. Transaction late Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(A) or Disposed o (Instr. 3, 4 and 5)		f (D) Beneficia		nt of Securities ally Owned Following Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(William Bay) Tear	Code	V Ar	nount	(A) or (D) I	Price	(111301. 3 ta	mu + <i>y</i>		\ /	(Instr. 4)
Common	Stock	0	7/01/2022		A	44	12 (1)	A 5	50	442			D	
						contain	ed in 1	this forn	n are	not requ		spond unle	ss	1474 (9-02)
				Derivative Securiti e.g., puts, calls, wa	ies Acquire	contain the forn ed, Dispo	ed in to n disp sed of,	this form plays a c , or Bene	n are urren ficially	not requ tly valid	ired to res		ss	1474 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Data	e.g., puts, calls, wa 4. Transaction Code (Instr. 8)	ies Acquire	contain the form ed, Dispo tions, con 6. Date land Exp (Month/	ed in to disposed of, need of, need of, need of, need of, need of, need of the	this form plays a c , or Bene ble securi sable Date	ficially ties) 7. Tit Amou Unde Secur	not requ tly valid y Owned le and unt of rlying	ired to res	spond unle rol numbe	of 10. Ownersi Form of Derivati Security Direct (or Indire	11. Nat of Indir Benefic Owners : (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Delorier Rilla S 1051 EAST CARY STREET, STE 1200 RICHMOND, VA 23219	X					

Signatures

/s/ Rachael R. Lape, Attorney-in-Fact	07/06/2022
**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.

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.