SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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* Tedesco Maria P | | | | er Name and Ticke ntic Union Ba | 0, | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---------|-------|--|--|-------------------|--|--|---|----------------------------------|--------------------------|--|--|--|
| (Last) (First) (Middle) C/O ATLANTIC UNION BANKSHARES CORP | | | | e of Earliest Transa 2/2022 | ction (Month/Da | y/Year) | х | Officer (give title below) | | specify | | | |
| 1051 E. CARY STREET, STE 1200 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | | | | | Form filed by More | | ng Person | | | |
| RICHMOND | VA | 23219 | | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | 2A. Deemed Execution Date, | 3. Transaction | 4. Securities Acquired (A) or Di Of (D) (Instr. 3, 4 and 5) | sposed | 5. Amount of Securities | 6. Ownership Form: Direct (D) | 7. Nature of Indirect | | | |

| | 1. Title of Securit | y (Instr. 3) | | | 2. Transaction Date (Month/Day/Yea | r) Exec | Deemed cution Date, y nth/Day/Year) | 3. Transac Code (In 8) | | 4. Securities Of (D) (Instr. | | Beneficially Owned Following Reported | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
|--------------|--|--|--|--------------|---|--|--|--|---|---|---|--|---|--|---|--|---|
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock | | | | | 11/08/2022 | | | Р | | 2,904 | A | \$34.3678(1) | 40,179.4611 | | D | | |
| Common Stock | | | | | | | | | | | | | 172.292 | | I | | By Trustee of ESOP |
| | | | | Table II - | · Derivative (e.g., puts, | | • | | • | | | | ed | | | | |
| | 1. Title of Derivative Security (Instr. 3) | e Conversion Date Execution Date, Transact | | tion str. | 5. Number of Derivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4 and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio | Ow For Ily Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Price indicated is the weighted average purchase price as a result of a series of broker-assisted transactions ranging in price from \$34.18 to \$34.68 per share. The reporting person undertakes to provide full information regarding the number of shares purchased at each separate price within the range upon request by the SEC staff, the issuer, or any security holder of the issuer.

(D)

Date

Exercisable

Expiration

Date

Title

| /s/ Rachael | R. | Lape, | Attorney-in- | 11/00/2022 |
|-------------|----|-------|--------------|-------------------|
| Fact | | | | <u>11/09/2022</u> |

** Signature of Reporting Person Date

Amount

Number

of Shares

or

(Instr. 4)

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

* 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).

Code V (A)

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

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 Number.

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