FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

|   | OMB Number:              | 3235-0287 |
|---|--------------------------|-----------|
|   | Estimated average burden |           |
| 1 | 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

#### 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

| affirmative defense<br>10b5-1(c). See Inst |                      |           |  |  |                                     |                       |  |  |
|--|----------------------|-----------|--|--|-------------------------------------|-----------------------|--|--|
| 1. Name and Address                        | of Reporting Person* |           | 2. Issuer Name and Ticker or Trading Symbol Atlantic Union Bankshares Corp [ AUB ] | (Check   | tionship of Reporting Person(s)     | ) to Issuer           |  |  |
| (Last)                                     | (First)              | (Middle)  | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024                        | X  | Director Officer (give title below) | Other (specify below) |  |  |
| 4300 COX ROAL                              | UNION BANKSHA        | ARES CORP | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           | 6. Individual or Joint/Group Filing (Check Applicable  X Form filed by One Reporting Person Form filed by More than One Reporting Pe |                                     |                       |  |  |
| (Street) GLEN ALLEN                        | VA                   | 23060     |  |  | Form filed by More than On          | e Reporting Person    |  |  |
| (City)                                     | (State)              | (Zip)     |  |  |                                     |                       |  |  |

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction Code (Instr. |                | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and 5) |                                    |     | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported | Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---------------------------------|--|---|--------------------------|----------------|--|------------------------------------|-----|--|---|---|
|                                 |  |   | Code                     | (A) or     (Im |  | Transaction(s)<br>(Instr. 3 and 4) |     |  |   |   |
| Common Stock                    | 02/24/2023(1)                              |   | J <sup>(1)</sup>         | V              | 1,206.773  | A                                  | (1) | 32,638.95  | D   |   |

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security (Instr.<br>3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |            | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Code (In | ransaction Derivative Securities |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security (Instr.<br>3 and 4) |                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | Reported               | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|---|---|------------|---|----------|----------------------------------|-----|--|---------------------|--|-----------------|---|------------------------|--|--|--|
|   |   |            |   | Code     | v                                | (A) | (D)  | Date<br>Exercisable | Expiration<br>Date   | Title           | Amount<br>or<br>Number<br>of Shares                 |                        | Transaction(s)<br>(Instr. 4)   |  |  |
| Phantom Stock                                       | (2)   | 04/01/2024 |   | A        |                                  | 460 |  | (2)                 | (2)  | Common<br>Stock | 460   | \$35.31 <sup>(3)</sup> | 8,158.804 <sup>(4)</sup>   | I  | By Trustee<br>of Non-<br>Qualified<br>Plan<br>(deferred<br>comp) |

#### **Explanation of Responses:**

- 1. Additional shares acquired through exempt dividend reinvestment transactions at various prices and on various dates.
- 2. Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable, in cash or common stock, at the time elected by the reporting person in the reporting person's deferred compensation election form; provided, that if the reporting person elected to receive distributions under the Company's non-qualified deferred compensation plan in installments, such amounts are payable only in cash.
- 3. Based on the market closing price on the last trading day before the transaction date.
- $4.\ Includes\ 163.767\ additional\ shares\ acquired\ through\ dividend\ reinvestment\ since\ the\ reporting\ person's\ last\ Form\ 4.$

/s/ Rachael R. Lape, Attorney-in-Fact 04/03/2024

\*\* Signature of Reporting Person Date

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).

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.