SEC	Form	4

FORM 4

Check this box to indicate that a

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

transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equily securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.	

1. Name and Address of Reporting Person* TILLETT RONALD L			2. Issuer Name and Ticker or Trading Symbol Atlantic Union Bankshares Corp [AUB]	(Check a	ionship of Reporting Person(s) to Issuer all applicable)		
(Last) (First) (Middle)		· · ·	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024	Х	Director Officer (give title below)	10% Owner Other (specify below)	
C/O ATLANTIC UNION BANKSHARES CORP 4300 COX ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi X	idual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Street)							
GLEN ALLEN	VA	23060					
(City)	(State)	(Zip)					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							

6. Ownership Form: Direct (D) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature of 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of Date Execution Date, Transaction Securities Indirect (Month/Dav/Year) if anv Code (Instr. Beneficially Owned or Indirect (I) Beneficial Following Reported (Month/Day/Year) 8) (Instr. 4) Ownership (Instr. 4) Transaction(s) (A) or (D) (Instr. 3 and 4) Code v Amount Price

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)					7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Phantom Stock	(1)	10/01/2024		А		431		(1)	(1)	Common Stock	431	\$37.67 ⁽²⁾	9,235.039 ⁽³⁾	I	By Trustee of Non- Qualified Plan (deferred comp)

Explanation of Responses:

1. 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.

2. Based on the market closing price on the last trading day before the transaction date.

3. Includes 70.644 additional shares acquired through dividend reinvestment since the reporting person's last Form 4.

/s/ Rachael R. Lape, Attorney-in-	10/03/2024
Fact	10/03/2024

** 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.