FORM 5 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

OMB APPROVAL

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 affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

ANNUAL 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

Form 4 Transactions	s Reported.						
1. Name and Address of Reporting Person * WAMPLER KEITH L			2. Issuer Name and Ticker or Trading Symbol Atlantic Union Bankshares Corp [AUB]	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) (Middle)		,	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2024		Director Officer (give title below)	Other (specify below)	
C/O ATLANTIC UNION BANKSHARES CORP 4300 COX ROAD			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 Form filed by More than One Reporting Person			
(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

]	2. Transaction Date	2A. Deemed Execution Date,		4. Securities Acquir (Instr. 3, 4 and 5)	red (A) or I	Disposed Of (D)	Securities	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	(Month/Day/Year)	(Month/Day/Year)	Code (Instr. 8)	Amount	(A) or (D)	Price	Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		

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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	Derivative I		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 of derivative Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Phantom Stock	(1)						(1)	(1)	Common Stock	23,839.381 ⁽²⁾		23,839.381 ⁽²⁾	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. Includes 834.013 additional shares acquired through dividend reinvestment.

/s/ Rachael R. Lape, Attorney-in-

Fact

** Signature of Reporting Person

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.