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

IITED	STATES	SECURITIES .	AND EXCHANGE
		Washington	, D.C. 20549

OMB Number:	3235-0362
Estimated average burde	n
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	Reported.								
1. Name and Address Williams Sherr			2. Issuer Name and Ticker or Trading Symbol Atlantic Union Bankshares Corp [AUB]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
I		(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2024	X	Officer (give title below)	Other (specify below)			
C/O ATLANTIC	UNION BANKSHA	ARES			EVP & CRO				
4300 COX ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)				Form filed by More than One Reg					
GLEN ALLEN	VA	23060							
(City)	(State)	(Zip)							

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr.	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)
		if any (Month/Day/Year)		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)			ate	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of derivative Derivative Security (Instr. 5) 8. Price 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	95.877 ⁽²⁾		95.877 ⁽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.

 $2. \ Includes \ 3.354 \ shares \ acquired \ through \ dividend \ reinvestment.$

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

02/14/2025

Fact

** 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.