FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | |
| Estimated average burden | | | | | | |
| noure per reenone | 1 0 | | | | | |

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
Form 4 Transactions

Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * Steger Charles W. | | | 2. Issuer Name and Ticker or Trading Symbol Union Bankshares Corp [ubsh] | | | | | 5. 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) 12/31/2014 | | | | Officer (give title below) | Other (specify b | pelow) | | |
| 210 BURRUS HA | LL | | 12/31/2014 | | | | | | | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Reporting (check applicable line) | | | | |
| BLACKSBURG, | VA 24061 | | | | | | | X_Form Filed by One Reporting Person Form Filed by More than One Reporting | g Person | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security | | 2. Transaction | 2A. Deemed | 3. Transaction | 4. Securi | ties Aca | uired | 5. Amount of Securities | 6. | 7. Nature | |
| (Instr. 3) | | Date | Execution Date, if | | (A) or Disposed of (D) | | | | Ownership | | |
| () | | (Month/Day/Year) | · · | (Instr. 8) | (Instr. 3, 4 and 5) | | | • | | Beneficial | |
| | | () | (Month/Day/Year) | () | (| | 1 | | | Ownership | |
| | | | (| | | | | ` / | or Indirect | | |
| | | | | | | (A) or | | | (I) | (| |
| | | | | | Amount | (D) | Price | | (Instr. 4) | | |
| Common Stock | | | | | | | | 11,465 | D | | |

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

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 control number.

SEC 2270 (9-02)

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

| 1. Title of | 2 | 3. Transaction | 3A. Deemed | 4 | 5 | | 6. Date Exer | cisable | 7. Tit | le and | 8 Price of | 9. Number | 10. | 11. Nature |
|-------------|------------|--------------------|--------------------|-------------|--------|------|--------------|------------|--------|---------|------------|--------------|-------------|-------------|
| | Conversion | | Execution Date, if | Transaction | Numl | | and Expirati | | Amou | | Derivative | | Ownership | |
| | | (Month/Day/Year) | · · | | of | | (Month/Day | | Unde | | | | | Beneficial |
| - | Price of | (Wolland Day Tear) | (Month/Day/Year) | | Deriv | | ` | (Car) | Secur | , . | | | Derivative | |
| \ | Derivative | | (Woman Bay Tear) | (Ilisti: 0) | Secur | | | | | . 3 and | · / | Beneficially | | (Instr. 4) |
| | Security | | | | Acqu | | | | 4) | . D unu | | | Direct (D) | (1115111 1) |
| | | | | | (A) o | | | | | | | | or Indirect | |
| | | | | | Dispo | | | | | | | Issuer's | (I) | |
| | | | | | of (D |) | | | | | | Fiscal Year | (Instr. 4) | |
| | | | | | (Instr | . 3, | | | | | | (Instr. 4) | | |
| | | | | | 4, and | 15) | | | | | | | | |
| | | | | | | | | | | Amount | | | | |
| | | | | | | | D . | | | or | | | | |
| | | | | | | | | Expiration | | Number | | | | |
| | | | | | | | Exercisable | Date | | of | | | | |
| | | | | | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| Panarting Owner Name / | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Steger Charles W. 210 BURRUS HALL BLACKSBURG, VA 24061 | X | | | | | | |

Signatures

| /s/ Rachael R. Lape (As Attorney-in-Fact for) Charles W. Steger | 02/13/2015 |
|---|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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 provided is insufficient, see Instruction 6 for procedure.

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