# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

#### 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

	pe Response			1							-					
1. Name and Address of Reporting Person * Slaughter Raymond L				2. Issuer Name and Ticker or Trading Symbol UNION FIRST MARKET BANKSHARES CORP [UBSH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) PO BOX 608				3. Date of Earliest Transaction (Month/Day/Year) 12/21/2012												
(Street)				4. If Amendment, Date 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						
BOWLII (City		N, VA 2242 (State)	(Zip)							~						
		(3)	T						ivative S	Securities	Acqui			Beneficially		
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	Execution any		(Instr. 8)			tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)		Following	Ownership Form:	Beneficial
				(Month/D	ay/ Y eai		ode	V	Amoun	(A) or t (D)	Price	or Inc (I)		or Indirect	Ownership (Instr. 4)	
Common	Stock		12/21/2012				P		6 (1)	1, 9	\$ 15.45	1,496			D	
				Derivative			quire	the fo	orm dis	splays a of, or Ben	curre eficial	ntly valid	OMB con	spond unle trol numbe		
1. Title of	2	3. Transactio		(e.g., puts,	calls, w	5.	ts, op	· ·				itle and	8. Price of	9. Number	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security	Date	Execution Da Year) any	Transaction Code Year) (Instr. 8)		Number		and I	and Expiration Date (Month/Day/Year)		Amo Und Secu	nount of derlying curities str. 3 and	Derivative Security (Instr. 5)		Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirect Beneficia Ownershi (Instr. 4)
								Date	:	Expiration	n Tivi	Amount or Number				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Slaughter Raymond L							
PO BOX 608	X						
BOWLING GREEN, VA 22427							

## **Signatures**

/s/ Raymond L. Slaughter	12/21/2012
**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).
- (1) (1) automatic purchase by administrator of DRSPP

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.