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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---------------|-------------|-----------------------------------|------------|-----------------|---|------|---|--------|--|--|-----------------------|---|---|----------------------------|---|--|-----------|
| 1. Name and Address of Reporting Person* Slaughter Raymond L | | | | | UN | 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 | | | | | |
| (Last) (First) (Middle) PO BOX 608 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2013 | | | | | | | | | | | | |
| | | | | | 4. I | 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 | | | | | |
| | NG GREE | | 2427 | (7:) | | | | | | | | | | | | | | |
| (City | " | (State) | 1 | (Zip) | | | Т | `able I - | · Nor | -Derivati | ve Se | curities A | Acqui | ired, Disp | osed of, or E | Beneficially Ow | ned | |
| 1.Title of Security (Instr. 3) | | | Date Exec (Month/Day/Year) any | | Execution any | ecution Date, if | | Code | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Ben Foll Trai | 5. Amount of Securitie Beneficially Owned Following Reported Transaction(s) | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | | | V | Amount | (A) or (D) | Price | (Ins | (Instr. 3 and 4) | | or Indirect (I) (Instr. 4) | | | |
| Common | Stock | | 10/21/2 | 013 | | | | P | | 4 (1) | A | \$ 25.68 | 1,5 | 45 | | D | | |
| Common Stock | | | | | | | | | | | | 9,4 | ,426 | | I | By Trus Non-Qu Plan (De Compen | alified eferred | |
| Reminder: | Report on a s | separate li | ne for each | | II - Deri | vative Se | curi | ties Acc | quire | Persons containe the form | who d in t disp | this forr lays a c | m are curre eficial | not requ | OMB cont | ormation spond unless rol number. | SEC 14 | 74 (9-02) |
| 1 Title of | la | 2 Trong | ation | 2 A Door | · · · · | puts, call | s, w | 1 | s, op | tions, con | | | T | itle and | 9 Dries of | 9. Number of | 10. | 11. Natur |
| 1. Title of Derivative Security (Instr. 3) Price of Derivative Security | | | | n Date, if | Transac Code | | | and Expiration Date (Month/Day/Year) | | Amo Und Secu | ount of derlying urities tr. 3 and Derivative Instr. 5) Identifying Unities (Instr. 5) Ident | | | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| | | | | | | Code | V | (A) | (D) | Date Exercisal | | xpiration ate | Title | Amount or Number of Shares | | | | |

Reporting Owners

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

Signatures

| /s/ Raymond L. Slaughter | | 10/23/2013 |
|--------------------------|--|------------|
|--------------------------|--|------------|

| 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) Voluntary 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.