FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 | | | | UNI | 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) 12/23/2013 | | | | | | | | | | | | |
| (Street) | | | | 4. If A | 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 | | | | | | |
| BOWLIN | NG GREE | N, VA 2242 | | | | | | | | | | | _ ' | | | | |
| (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) | 2A. Deemed Execution Date, is | | ĺ | (Instr. 8) | | ction | tion 4. Securities Acquired (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficially Owned Reported Transaction | | Following | Ownership Form: | Beneficial | |
| | | | | (Month/Day/Year) | | | ode | V | Amoun | (A) or t (D) | Price | (Instr. 3 a | nd 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 12/23/2013(1) | | | |] | P | | 4 | A | \$ 25.30 | 1,553 | | | D | |
| | | | | | | | | quire | cont the f ed, Di | ained in form dis | n this fo splays a of, or Be | orm ai curre | re not requently valid | OMB con | ormation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | 2 | 3. Transactio | | ` ' ' | <u>итя, сап</u> 4. | | <u> 5.</u> | is, op | | | tible secu | |) Title and | 8 Price of | 9. Number | of 10. | 11. Natu |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date (Month/Day/ | Execution Da Year) any | ate, if | te, if Transaction Code Year) (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | An Un Sec | nount of derlying curities str. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form of Derivativ Security: Direct (D or Indirect | hip of Indire Benefici Ownersh (Instr. 4) | |
| | | | | | | | | | Date Exer | | Expiration Date | On Tit | Amount or Number of | | | | |

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 | 12/26/2013 |
|---------------------------------|------------|
| **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.