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UNION PA Form 4	CIFIC CORP										
March 11, 2 FORN	14 UNITED	STATES		RITIES A shington,			NGE	COMMISSION	OMB AI OMB Number:	PROVAL 3235-0287	
if no lorn subject to Section Form 4 Form 5 obligation may corn <i>See</i> Insta 1(b).	nger to 16. or Filed pur ons ntinue. ruction	suant to S a) of the F	ection 1 Public U	SECUR .6(a) of th	EITIES e Securit ding Com	ies E ipany	xchang Act c	VNERSHIP OF ge Act of 1934, of 1935 or Section 40	Expires: Estimated a burden hou response	rs per	
	Address of Reporting	Person <u>*</u>	2. Issue	r Name and	l Ticker or '	Tradir	ıg	5. Relationship of	Reporting Pers	son(s) to	
KORALES	SKI JOHN J		Symbol				-	Issuer			
(Last)	(Last) (First) (Middle) 3. Date of				ransaction	LOM	-]	(Check all applicable)			
(Month				nth/Day/Year) 09/2015				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) CHAIRMAN OF THE BOARD			
OMAILA	(Street)			endment, Da nth/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	erson	
OMAHA, I		(Zip)						Person			
1.Title of		-		le I - Non-D 3.				quired, Disposed of		ly Owned 7. Nature of	
Security (Instr. 3)	2. Transaction Date 2A. Dee (Month/Day/Year) Execution any (Month/			3.4. Securities AcquiredTransactior(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)			of	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	Indirect	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(111501. 4)	
Common Stock	03/09/2015			J	76,903	D	\$0	169,585	Ι	by Trust	
Common Stock	03/09/2015			J	76,903	А	\$0	85,310	Ι	by Trust 4	
Common Stock								243,851	D		
Common Stock (1)								201,635.6253	Ι	(1)	
Common Stock								204,500	Ι	By Family LLC	
								278,000	Ι		

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Common Stock			By Family LLC 2
Common Stock (2)	9,918	Ι	by Daughter
Common Stock (3)	9,497.2714	Ι	by Managed Account

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.

 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KORALESKI JOHN J 1400 DOUGLAS STREET OMAHA, NE 68179	Х		CHAIRMAN OF THE BOARD					
Signatures								
By: Trevor L. Kingston, Attorney Koraleski	John J.	03/11/2015						
<u>**</u> Signature of Reportin		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) Represents conversion of restricted stock units to fully vested stock units with a distribution ratio of 1:1 Payable only in shares of common stock at termination of employment or a date certain.
- (2) The reporting person disclaims beneficial ownership of these securities.
- (3) Includes holdings in Union Pacific's Payroll-based and Tax-reduction stock ownership plans and 401(k) plan as of Transaction Date.

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.