FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:							

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Name and Address of Reporting Person*     Richardson Craig V					2. Issuer Name <b>and</b> Ticker or Trading Symbol UNION PACIFIC CORP [ UNP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Kichardson Clarg v														37	Direct Office	tor er (give title		10% Ov Other (s		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2024								helow)				below)		
1400 DOUGLAS STREET					05/10/2024									EVP CHIEF LEGAL OFFICER & CORP						
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)													ľ	X	Form	filed by One	e Rep	orting Perso	on	
OMAHA	NE NE	6	8179														re tha	n One Repo	orting	
(0:( )	(0)		<b>.</b>												Perso	on				
(City)	(Sta	ate) (Ž	Zip)		Rul	le 10	)b5-	1(c)	Tran	sac	tion Indi	icatio	n							
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to												nded to							
	satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Own	ed				
1. Title of	Security (Inst	tr. 3)		2. Transac	tion		Deeme		3.		4. Securitie				5. Amo				7. Nature	
Date (Month/Da								,	Transaction Disposed Of Code (Instr. 5)			)f (D) (In	str. 3, 4	Benefi		cially	Form: Direct (D) or Indirect	of Indirect Beneficial		
					(Month/I		(Year)	8)			(A) or Brice		Reported			(I) (Ir	(I) (Instr. 4)	Ownership (Instr. 4)		
						Code	٧	Amount	(A) 0	Price	•		. 3 and 4)							
Common	Common Stock			05/10/2	′2024				A <sup>(1)</sup>		7.569	A	\$24	7.4	26,276.9266			D		
																		:	By	
Common Stock <sup>(2)</sup>													5,703.828		03.828			Deferral		
														Account						
		Tal	ble II -								osed of,				Owne	t				
	_	l	I		-	alis, v		_			onvertib	1		·		F	. 1		T	
1. Title of Derivative	2. Conversion	3. Transaction Date		emed ion Date,	4. Transa		5. Number of		Expirat	ion Da		Amou	ount of		Price of 9. Number derivative		Ownership	Ownership		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)		if any (Month/Day/Year)		Instr.	Securities		(Month/Day/Year)			Securities Underlying		Security (Instr. 5)		Securities Beneficially	у	Form: Direct (D)	Beneficial Ownership	
Derivative Security					Acquired (A) or		s				ty (Instr.			Owned Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)			
						Disposed of (D) (Instr. 3, 4 and 5)		3 and 4			+)			Transaction (Instr. 4)	n(s)					
													_		(111501.4)					
													Amount or							
									Date		Expiration		Number of							
				Code V (A) (D		(D)	Exercis	able	Date	Shares	1									

## **Explanation of Responses:**

- 1. Purchase pursuant to the 2021 Employee Stock Purchase Plan.
- 2. 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.

By: Trevor L. Kingston, Attorney-in-Fact For: Craig V. 05/13/2024 Richardson

\*\* Signature of Reporting Person Date

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

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

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 Number.