FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Rocker Kenyatta G | | | | | 2. Issuer Name and Ticker or Trading Symbol UNION PACIFIC CORP [UNP] | | | | | | | | (Chec | k all app Direc | , | ng Perso | on(s) to Is 10% Ov Other (s | wner | |
|---|--|---|--|------------|--|---|---|------------------|--|--------|--------------------|--|-------|---|-----------|---|---|--|---------------------------------------|
| (Last) (First) (Middle) 1400 DOUGLAS STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2021 | | | | | | | | X | belov | | TING | below) | · |
| (Street) | | | 58179 | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | on | |
| (City) | (51 | | Zip) • I - N 0 | on-Deriva | tive \$ | Secui | rities | Acc | uired | I, Dis | sposed of | or B | Benef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 5. Amount of and Securities Beneficially Owned Follow | | ies cially Following | Form: | m: Direct or Indirect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Pri | се | | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | 11/10/2021 | | | | | A ⁽¹⁾ | | 10.8687 | A | \$2 | 41.52 | 39,7 | 08.926 | D | | |
| Common Stock | | | 11/10/2021 | | | | | A ⁽¹⁾ | | 2.8986 | A | \$2 | 41.52 | 911 | 1.1962 |] | | by Spouse | |
| Common Stock | | | | | | | | | | | | | | : | 350 |] | I 1 | By Deferral Account | |
| Common Stock ⁽²⁾ | | | | | | | | | | | | | | | 1,870.031 | | 2 I | | by Managed Account |
| | 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) 3. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expira (Monti | tion D | | Amount of | | De Se (In | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | y O Fo O (I) | 0. Ownership Form: Forect (D) or Indirect () (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Amour or Number of Title Shares | | er | | | | | |

Explanation of Responses:

- 1. Purchase pursuant to the 2021 Employee Stock Purchase Plan.
- 2. Includes holdings in Union Pacific's Payroll-based and Tax-reduction stock ownership plans and 401(k) plan.

By: Trevor L. Kingston,

Attorney-in-Fact For:

11/12/2021

Kenyatta G. Rocker

** 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.