FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ngton, | D.C. | 20549 | | | |
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| wasnington, | 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).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* Whited Elizabeth F (Last) (First) (Middle) 1400 DOUGLAS STREET | | | | | 3. Da 05/1 | 2. Issuer Name and Ticker or Trading Symbol UNION PACIFIC CORP [UNP] 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Relationship of Reporting (Check all applicable) Director X Officer (give title below) EVP SUSTAINABIL 6. Individual or Joint/Group | | | | 10% Ov Other (s below) | wner specify ATEGY |
|--|---|--|---------------|-----------------------------------|------------------------------|---|--|---------------------|--|--|---------------------------------|---|---|--|---|--|---|--|--|
| (Street) OMAHA (City) | | | 78179 Zip) | | | (Monares, 200 o. 2.g., di i noa (Monaresa), (cai) | | | | | | | | Line) X Form filed by One Re Form filed by More the Person | | | | orting Pers | on |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transac Date (Month/Da | | Execution Date, | | | | es Acquired (A) or Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pri | ce | Transa | action(s) 3 and 4) | | | (111041. 4) |
| Common Stock | | | | 05/10/2022 | | | | A ⁽¹⁾ | | 8.3333 | A | \$2 | 222.6 | 38,804.2167 | | | D | | |
| Common Stock ⁽²⁾ | | | | | | | | | | | | | | | 14,069.5757 | | | | By Deferral Account |
| Common Stock | | | | | | | | | | | | | | | 31 | 1,149 | | I | by Trust |
| 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) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | ction of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial! Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | code V (A) (D) | | Date Exercisable | | Expiration Date | or Numb of Title Share | | | | | | | | |

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:

05/12/2022

Elizabeth F. Whited

** 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.