FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person*     Richardson Craig V							2. Issuer Name and Ticker or Trading Symbol UNION PACIFIC CORP [ UNP ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 1400 DOUGLAS STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/04/2021										X below) below)  EVP CHIEF LEGAL OFFICER & CORP						
(Street) OMAHA NE 68179					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(City) (State) (Zip)						ı									Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D							2A. Deemed Execution Date, if any (Month/Day/Year)		•,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					s ally following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock <sup>(1)</sup> 02/04						21				A		5,870		Α	\$0.0	13	397	D				
Common Stock <sup>(2)</sup>																1,847.411			I 1	By Deferral 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	Exercise (Month/Day/Year) if any (Month/Day/Year) if any interest (Month/Day/Year)			Code (Instr.			of			ercisal Date //Year	ble and	of Se Unde Deriv	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exe	e ercisable		Expiration Date	Title	N O	Amount or Number of Shares							
Non- Qualified Stock Option (right to buy) <sup>(3)</sup>	\$204.45	02/04/2021			A		10,008		02/0	04/2022 <sup>(</sup>	(3) 0	2/04/2031		nmon ock	10,008	\$0.0	10,00	8	D			

## **Explanation of Responses:**

- 1. Performance retention unit award with a distribution ratio of 1:1. This award is payable only in shares of common stock with a three year vesting period from the grant date. The amount of shares in column 4 is the maximum number of shares that the reporting person is eligible to receive. The actual number of shares paid out at vesting, if any, depends on applicable performance criteria being met.
- 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.
- 3. This option becomes exercisable in three equal installments starting one year from the grant date.

By: Trevor L. Kingston, 02/05/2021 Attorney-in-Fact For: Craig V. 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.