FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 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* MCCARTHY MICHAEL R | | | | | 2. Issuer Name and Ticker or Trading Symbol UNION PACIFIC CORP [UNP] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner | | | | | | |
|--|--|--|---|-------|--|---|--------|----------|---|-----------------|---|-----------------|---|------------------------|--|--|-------------------------------------|--|--|
| (Last) | , | rst) (GROUP, INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021 | | | | | | | | | Officer below) | (give title | Other (s below) | pecify | |
| 1601 DODGE STREET, SUITE 3800 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | . NI | Ε (| 58102 | | | | | | | | | | | X | | filed by Mor | • | orting Perso n One Repo | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Execution Da | | n Date | Code (In | | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | 4 and Securi Benefi Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct C Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | ount (A) or (D) | | Ti | Reported Transaction(s) (Instr. 3 and 4) | | | | instr. 4) | | |
| | 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. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | n of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | Amount of | | f g Security | Deriv Secu (Inst | B. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock ⁽¹⁾ | \$0.0 | 07/01/2021 | | | A | | 635 | | (2) | | (2) | Common Stock | 635 | \$ | 0.0 | 56,117 | · [| D | |

Explanation of Responses:

- 1. Distribution ratio for Phantom Stock Units is 1:1.
- 2. Phantom Stock Units are payable in cash only commencing at retirement.

By: Trevor L. Kingston,

Attorney-in-Fact For: Michael 07/06/2021

R. McCarthy

** 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.