# Check this box if no longer

See Instruction 1(b). (Print or Type Responses)

(City)

subject to Section 16. Form 4 or

Form 5 obligations may continue.

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

3235-0287 OMB Number:

Expires: December 31, 2024 Estimated average burden

hours per response . . . . . 0.5

| 1. Name and Address of Re | porting Person* |          | 2. Issuer Name and Ticker or Tradi       | ing Symbol                     | 5. Relationship of Reporting Persor   | n(s) to Issuer        |  |  |  |
|---------------------------|-----------------|----------|--|--------------------------------|---|-----------------------|--|--|--|
| VENA, VINCENZO JI         | M               |          | UNION PACIFIC CORPORA                    | TION (UNP)                     | (Check all applical Director  | 10% Owner             |  |  |  |
| (Last)                    | (First)         | (Middle) | 3. Date of Earliest Transaction Required | 4. If Amendment, Date Original | - X Officer (give title below)  | Other (specify below) |  |  |  |
| 1400 Douglas Street       |                 |          | to be Reported                           | Filed(Month/Day/Year)          | CHIEF EXECUTIVE OFFICER   |                       |  |  |  |
| Omaha, NE 68179           | (Street)        |          | (Month/Day/Year)<br>10/10/2023           |                                | 6. Individual or Joint/Group Filing (Check Applicable Lin  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |                       |  |  |  |
|                           | (9 )            | (7in)    | Rule 10b5-1(c) Transaction Indicate      | ion                            |   |                       |  |  |  |
| (City)                    | (State)         | (Zin)    | 1 Rule 1005-1(c) Hallsaction fluidati    | 1011                           |   |                       |  |  |  |

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Trans-<br>action<br>Date | 2A. Deemed Execution Date, if any (Month/ Day/ Year) | 3. Transaction<br>Code<br>(Instr. 8) |   | 4. Securities Acqui<br>or Disposed of (I<br>(Instr. 3, 4 and 5 | D)         |            | 5. Amount of Securities Beneficially Owned Following Reported | Direct                                  | 7. Nature of Indirect Beneficial Owner- |
|---------------------------------|-----------------------------|--|--------------------------------------|---|--|------------|------------|---|---|---|
|                                 | (Month/<br>Day/<br>Year)    |  | Code                                 | V | Amount   | (A) or (D) | Price      | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                | (D) or<br>Indirect<br>(I)<br>(Instr. 4) | ship<br>(Instr. 4)                      |
| Common Stock                    | 10/10/23                    |  | A                                    |   | 35.3360  | A          | \$206.3500 | 571.9611  | D                                       |   |
|                                 |                             |  | (1)                                  |   |  |            |            |   |   |   |
|                                 |                             |  |                                      |   |  |            |            |   |   |   |
|                                 |                             |  |                                      |   |  |            |            |   |   |   |
|                                 |                             |  |                                      |   |  |            |            |   |   |   |
|                                 |                             |  |                                      |   |  |            |            |   |   |   |
|                                 |                             |  |                                      |   |  |            |            |   |   |   |
|                                 |                             |  |                                      |   |  |            |            |   |   |   |
|                                 |                             |  |                                      |   |  |            |            |   |   |   |

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

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).

#### FORM 4 (continued)

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g. puts, calls, warrants, options, convertible securities)

| (e.g. pus), cans, warrants, options, convertible securities) |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|--|--|--------------------------|--|------------------------|-----------|--|-----|---|-------------------------|---|----------------------------------|--|---|---|-----------------------------------|
| 1. Title of Derivative Security (Instr. 3)                   | 2. Conversion or Exercise Price of Derivative Security | (Month/<br>Day/<br>Year) | Deemed<br>Execution<br>Date,<br>if any | acti<br>Coo<br>(Instr. | ion<br>de | 5.Number of Derivative Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |     | 6. Date Exer-<br>cisable and<br>Expiration Date<br>(Month/Day/<br>Year) |                         | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                                  | 8. Price of Derivative Security (Instr. 5) | of deriva-<br>tive Se-<br>curities<br>Benefici-<br>ally Own-<br>ed foll-<br>owing | 10. Owner-ship Form of Derivative Security: Direct (D) or | of<br>Indirect<br>Benefi-<br>cial |
|  |  |                          | (Month/<br>Day/<br>Year)               |                        |           |  |     | Exer- tio   | Expira-<br>tion<br>Date | Title   | Amount or<br>Number of<br>Shares | <i>3)</i>                                  | Reported<br>Transac-<br>tion(s)<br>(Instr. 4)                                     | Indirect (I) (Instr. 4)                                   | (msu: 4)                          |
|  |  |                          |  | Code                   | V         | (A)  | (D) |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  | <u> </u>   |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
| <del> </del>   |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |
|  |  |                          |  |                        |           |  |     |   |                         |   |                                  |  |   |   |                                   |

Explanation of Responses:

See continuation page(s) for footnotes

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

By: Trevor L. Kingston, Attorney-in-Fact For: Vincenzo J. Vena

\*\* Signature of Reporting Person

10/12/2023 Date

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

1400 Douglas Street Omaha, NE 68179

(1) Purchase pursuant to the 2021 Employee Stock Purchase Plan.