

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 3

| OMB APPROVAL             |                |  |  |  |  |  |
|--------------------------|----------------|--|--|--|--|--|
| OMB Number:              | 3235-0104      |  |  |  |  |  |
| Expires:                 | March 31, 2018 |  |  |  |  |  |
| Estimated average burden |                |  |  |  |  |  |
| hours per response 0.5   |                |  |  |  |  |  |

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| (Print or Type Respo                         | onses)   |                        |   |  |  |   |  |  |  |  |
|--|----------|------------------------|---|--|--|---|--|--|--|--|
| 1. Name and Address of Reporting Person*     |          |                        | 2. Date of Event<br>Requiring Statement<br>(Month/Day/Year)<br>12/01/2021 |  | 3. Issuer Name and Ticker or Trading Symbol<br>UNION PACIFIC CORPORATION (UNP) |   |  |  |  |  |
| Edison, Sheri H.   (Last) (First)   (Middle) |          | 4. Relationship of Rep |   |  | porting Person(s) to Issue<br>(Check all applicable)                           |   | 5. If Amendment, Date<br>Original Filed (Month/Day/<br>Year) |  |  |  |
| 1400 Douglas St.                             |          |                        |   | Director<br>Officer (give                              |  | % Owner<br>ther (specify  |  |  |  |  |
| Omaha, NE 68179                              | (Street) |                        |   |  | title t  | pelow)  | below)   | 6. Individual or Joint/Group<br>Filing (Check Applicable Line)<br>XForm filed by One Reporting Person<br>_Form filed by More than One Reporting Person |  |  |
| (City)                                       | (State)  | (Zip)                  |   | Table I - Non-Derivative Securities Beneficially Owned |  |   |  |  |  |  |
| 1. Title of Security<br>(Instr. 4)           | ırity    |                        | -1  | 2. Amoun<br>Benefic<br>(Instr. 4                       | t of Securities<br>ially Owned<br>)  | 3. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 5) | 4. Nature of (Instr. 5)                                      | f Indirect Beneficial Ownership  |  |  |
| No Securities Owned                          |          |                        |   |  |  |   |  |  |  |  |
|  |          |                        |   |  |  |   |  |  |  |  |
|  |          |                        |   |  |  |   |  |  |  |  |
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|  |          |                        |   |  |  |   |  |  |  |  |

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 5(b)(v).

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 Control Number.

| FORM 3 (continued) | Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |
|--------------------|--|--|
|--------------------|--|--|

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exer-<br>cisable and<br>Expiration<br>Date<br>(Month/Day/Year) |                         | Derivative Security<br>(Instr. 4) |  | 4. Conver-<br>sion or<br>Exercise<br>Price of<br>Derivative<br>Security | 5. Owner-<br>ship<br>Form of<br>Deriv-<br>ative<br>Security:<br>Direct<br>(D) or<br>Indirect<br>(D) | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|-------------------------|-----------------------------------|--|---|---|---|
|   | Date<br>Exer-<br>cisable   | Expira-<br>tion<br>Date | Title                             | Amount<br>or<br>Number<br>of<br>Shares |   | (D) or<br>Indirect<br>(I)<br>(Instr. 5)   |   |
|   |  |                         |                                   |  |   |   |   |
|   |  |                         |                                   |  |   |   |   |
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|   |  |                         |                                   |  |   |   |   |

Explanation of Responses:

\*\* 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.

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By: Trevor L. Kingston, Attorney-in-Fact For: Sheri H. Edison

12/02/2021

\*\* Signature of Reporting Person

Date