FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

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

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person* DUFFY DENNIS J | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>UNION PACIFIC CORP</u> [UNP] | | | | | | | | | | | k all app Dired | olicable) | ng Pers | Person(s) to Issuer 10% Owner Other (specify | |
|---|----------------------|----|-------------------------------|-------|--|---|--------------------|---------|---|------------------|---------------------|----------------------------|---|-----------------------------|---|--|---|---------|--|--|
| (Last) 1400 DO | (Fii UGLAS ST | , | Middle) | | | | of Earlies 2006 | t Trans | action (M | (Month/Day/Year) | | | | | | below) | | P OPS | below) | |
| (Street) OMAHA (City) | | | 58179 Zip) | | 4. If | Ame | endment, | Date o | (Month/Da | ay/Ye | ear) | | 6. Indi Line) X | Forn | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | Execution D Oay/Year) if any | | kecution Date, | | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 an | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | nt (A) or (D) | | Pric | Repor Transa (Instr. | | ed action(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock ⁽¹⁾ 12/2 | | | | 12/28 | 3/2006 | /2006 | | G | V | 5,450 | 5,450 D | | 5 | \$ <mark>0</mark> | 63,329.1147 | | | I | by Trust | |
| Common | Stock | | | | | | | | | | | | | | | 15,500 D | | | | |
| Common | Stock ⁽²⁾ | | | | | | | | | | | | | | | 78,963.4682 I (1) | | | | |
| Common Stock | | | | | | | | | | | | | | | | 0 | | I | by Managed Account | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 2. Conversion or Exercise (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) 4. Transaction Date (Month/Day/Year) 5. Code 8) | | | nsaction of Ex | | Expiratio | i. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ov Fo Di or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | Code | v | (A) | | Date Evercisal | | Expiration | Titl | or Nu of | ımber | | | | | | | | |

Explanation of Responses:

- 1. The reporting person made a contribution to a charitable foundation.
- 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: Dennis J. 12/28/2006 **Duffy**

** 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.