FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

OMB APPROVAL OMB Number: 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 Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | d Address of DENNI | Reporting Person* | | | | | | | | | Symbol [UNP] | | | | | all app Direc | | 1 |)% O | wner |
|--|---|----------------------------|----------------------------------|------------|---|---|--|------|--|--|----------------|---------------|------------------------------|--------------------------------------|---|---|----------------------------------|--|--------------------------|------|
| (Last) 1400 DO | , | (First) (Middle) AS STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/26/2004 | | | | | | | | | X | Officer (give title below) | | Other (spec below) OPRN | | |
| (Street) OMAHA (City) | | | 58179 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Da | | | | | | | ear) | | 6. Indiv Line) X | Forn | n filed by One n filed by Mor | roup Filing (Check Applicable One Reporting Person More than One Reporting | | on |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| | | Date | Date Ex (Month/Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | and 5) Secur Bene Owne | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | е | | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 11/26/2 | 11/26/2004 | | | | I | | 981.2104 | 1 (1) | (1) D \$6 | | 3.41 | 0 | | I | | by Managed Account | |
| Common Stock | | | | | | | | | | | | | | | 96,9 | 937.1147 | D | | | |
| Common Stock ⁽²⁾ | | | | | | | | | | | | 20,322.5226 | | I | | (1) | | | | |
| | 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) | erivative conversion or Exercise (Month/Day/Year) str. 3) Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) | | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5 | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Security (Instr. and 4) | | nstr. 3 | Deri Sec (Insi | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct or India (I) (Inst | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Includes holdings in employee benefit plans, Tax Reduction and Payroll Based Stock Plans, as of Transaction Date.
- 2. 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: Laura A. Heisterkamp, Attorney-in-Fact For: Dennis J. 11/30/2004 **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.