FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT 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

1. Name and Address of Reporting Person* KORALESKI JOHN J						2. Issuer Name and Ticker or Trading Symbol UNION PACIFIC CORP [UNP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1400 DOUGLAS STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2006								X Officer (give title Other (specify below) EVP MKTG & SALES						
(Street) OMAHA NE 68179					4. 1	f Ame	ndme	nt, Date o	of Origin	al File	ed (Month/Da	Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)											Person						
		Tak	le I - N	on-Deri	vativ	e Se	curit	ies Ac	quired	d, Di	sposed o	f, or Be	neficial	ly Owned						
Date				Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie Disposed C 5)	s Acquired of (D) (Instr.	(A) or 3, 4 and	nd Securities Beneficially Owned Follo		Form: I y (D) or I		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an				(Instr.	4)	
Common Stock 02/2									M		12,000	A	\$47.5	146,8	811	D				
Common Stock 02/28/20)06			F		6,325	D	\$90.11	140,4	86	D				
Common Stock 02/28/20					/2006	006			F		2,486	D	\$90.11	138,000		D				
Common Stock ⁽¹⁾														1,528.5727		I		by Managed Account		
Common Stock ⁽²⁾													4,004		I		by Partnership			
		-	Table II								posed of, convertil			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Execution if any (Month/E	n Date,	4. Transa Code (8)		n of		6. Date Exerci Expiration Da (Month/Day/Yo		ate	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	hip o	11. Nature of Indirect Seneficial Ownership Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							
Non- Qualified Stock Option (right to	\$47.5	02/28/2006		М			12,000 11/19/1999 11/19/2008 Common Stock 12,000 \$0		\$0	12,000		D								

Explanation of Responses:

- $1.\ Includes\ holdings\ in\ Union\ Pacific's\ Payroll-based\ and\ Tax-reduction\ stock\ ownership\ plans\ and\ 401(k)\ plan\ as\ of\ Transaction\ Date.$
- 2. Represents shares held in the Koraleski Family Limited Partnership (FLP), of which the reporting person and his wife are the sole general partners and the reporting person, his wife, and his children are the sole limited partners. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

By: Trevor L. Kingston,

Attorney-in-Fact For: John J. 03/01/2006

Koraleski

** 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.