

Reported by FORMACEK CANDACE C

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/30/23 for the Period Ending 05/25/23

Address 9201 FOREST HILL AVENUE

STONY POINT II BUILDING

RICHMOND, VA, 23235

Telephone 8043599311

CIK 0000102037

Symbol UVV

SIC Code 5150 - Wholesale-Farm Product Raw Materials

Industry Tobacco

Sector Consumer Non-Cyclicals

Fiscal Year 03/31



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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Formacek Candace C				UN	UNIVERSAL CORP /VA/ [UVV]								,				
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)						Director			Owner			
												X_ Officer (give title below) Other (specify below) Vice President & Treasurer					
9201 FOREST HILL AVENUE					5/25/2023							vice i residen	t & Trea	surci			
	(Stree	et)		4. I	f Am	nendmei	nt, Date O	rigir	al File	d (MM/DI	D/YYY	YY)	6. Individual o	r Joint/G	oup Filing (Check Appl	icable Line)
RICHMOND, VA 23235											X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication												
					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.												
			Table I - N	lon-Der	ivati	ve Secu	ırities Acc	γuir	ed, Dis	sposed of	f, or	Bene	eficially Owne	d			
1.Title of Security (Instr. 3) 2. Trans. E					ate 2A. Deemed Execution Date, if any		3. Trans. Co. (Instr. 8)	de	4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)			Fo	Amount of Securition Securities (1997) Amount of Securitie	ties Beneficially Owned Transaction(s)		Direct (D) Ownership	of Indirect Beneficial Ownership
							Code	V	Amour	(A) or (D)	Pric	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 5/25/202				5/2023			F		1,428	<u>D</u>	\$53.0	67			25,078 ⁽²⁾	D	
	Tabl	le II - Der	ivative Sec	urities]	Bene	ficially	Owned (a	e.g.,	puts,	calls, wa	rran	ts, op	ptions, conver	tible secu	rities)		
		4. Trans. (Instr. 8)	Code		ve Securities I (A) or I of (D)	and	6. Date Exercisable and Expiration Date Date Expiration			rities U vative S	Inderlying Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	V	(A)	(D)		rcisable		Title	Share			Transaction(s) (Instr. 4)	(1) (Instr. 4)	

Explanation of Responses:

- (1) Shares of common stock surrendered to the Company to satisfy the withholding taxes relating to previously granted restricted stock units that vested on May 25, 2023
- (2) Includes 8,600 restricted stock units and 1,415 dividend equivalent units earned on the restricted stock units.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Formacek Candace C							
9201 FOREST HILL AVENUE		Vice President & Treasu					
RICHMOND, VA 23235							

Signatures

/s/ Preston D. Wigner, attorney-in-fact	5/30/2023		
**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 control number.