FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

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			1 16(a) of the Securities Exchange of the Investment Company Act of						
1. Name and Address of Reporting Person* Bransfield Kyle P	2. Date of Eve Requiring Stat (Month/Day/Ye 10/17/2019	ement	3. Issuer Name and Ticker or Tr <u>Union Acquisition Co</u>		NU]				
(Last) (First) (Middle) C/O UNION ACQUISITION CORP. II 509 MADISON AVE, 9TH FLOOR (Street) NEW YORK NY 10022 (City) (State) (Zip)	_		4. Relationship of Reporting Per (Check all applicable) X Director X Officer (give title below) Chief Executive	10% Owne Other (spe- below)	er	(Mon	th/Day/Year) dividual or Joint cable Line) Form filed b	ate of Original Filed t/Group Filing (Check y One Reporting Person y More than One erson	
	Table I - No	on-Deriva	tive Securities Beneficia	Illy Owned		1			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect ((Instr. 5)	:t (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Ordinary Shares			150,000	I		By Pl	By PENSCO Trust Company ⁽¹⁾		
Ordinary Shares			2,368,125(2)	I		By Union Acquisition Associates II, LLC ⁽³⁾			
			ve Securities Beneficially ants, options, convertibl		s)				
Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Securit Underlying Derivative Securit	(Instr. 4) Conve		rsion O	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price o Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		
Warrant ⁽⁴⁾	(5)	(6)	Ordinary Shares	2,875,000	11.	.5	I	By Union Acquisition Associates II, LLC ⁽³⁾	
1. Name and Address of Reporting Person* Bransfield Kyle P									
(Last) (First) (M C/O UNION ACQUISITION CORP. II	iddle)								

Bransfield Ky		SUII	
(Last)	(First)	(Middle)	
C/O UNION AC	QUISITION CO	ORP. II	
509 MADISON	AVE, 9TH FLO	OR	
(Street)			
NEW YORK	NY	10022	
(City)	(State)	(Zip)	
1. Name and Addres <u>Union Acquis</u>			_
(Last)	(First)	(Middle)	
C/O UNION AC	QUISITION CO	ORP. II	
509 MADISON	AVE, 9TH FLO	OR	
(Street)			
NEW YORK	NY	10022	
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. This entity holds these shares for Kyle Bransfield as beneficiary.
- 2. Includes up to 328,125 ordinary shares that may be forfeited if the underwriters in the Issuer's initial public offering do not exercise the overallotment option in full.
- 3. The shares are owned directly by Union Acquisition Associates II, LLC, a ten percent owner of the issuer, and indirectly by its managing member, Kyle Bransfield, Chief Executive Officer and a director of the issuer. Mr. Bransfield disclaims beneficial ownership of the securities held by Union Acquisition Associates II, LLC except to the extent of his pecuniary interest therein.

4. Includes Warrants which, prior to the effective date of the registration statement relating to the Issuer's initial public offering, the reporting person irrevocably committed to purchase. Does not include up to 262,500 additional Warrants which the reporting person irrevocably committed to purchase in the event the underwriters in the Issuer's initial public offering exercise the overallotment option in full.

5. Each Warrant will become exercisable on the later of the completion of an initial business combination or October 17, 2020.

6. Each Warrant will expire five years after the completion of an initial business combination.

Remarks:

/s/ Kyle P. Bransfield 10/17/2019
/s/ Kyle P. Bransfield,
Managing Member of Union Acquisition Associates II, LLC
*** 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 5 (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.