► See separate instructions.

Part I Reporting Issuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)		
BlackRock Virginia Municipal Bond Trust		38-3645607		
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact		
BlackRock Advisors	mutual_funds_ff_www@blackrock.com			
6 Number and street (or P.O. box if mail is no	t delivered to street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
One Financial Center		Boston, MA 02111		
8 Date of action	9 Classification and description			
07/31/2024	Common Stock - Regulated Investm			
10 CUSIP number 11 Serial number	r(s) 12 Ticker symbol	13 Account number(s)		
092481100 n/a Part II Organizational Action Atta	BHV ch additional statements if needed. Se	e back of form for additional questions.		
		e against which shareholders' ownership is measured for		
-	distribution to common shareholders fro			
All or a portion of each distribution constitut				
		ty in the hands of a U.S. taxpayer as an adjustment per		
		utes a non-taxable return of capital will decrease a		
U.S. taxpayer's basis in the shares of the Issu	uer. Please see Statement 1 for the non-t	taxable return of capital.		
16 Describe the calculation of the change in	basis and the data that supports the calcula	ation, such as the market values of securities and the		
_		mpared to distributions paid during the taxable period		
		ibutions paid during the taxable period ended		
July 31, 2024 in excess of Issuer's current an	· ·			

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Part II	Organizational Action (continued)				· · · · ·
	t the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax t	reatmen	t is based	•	
Internal	Revenue Code Sections 301, 316, 852				
18 Ca	n any resulting loss be recognized? ► No				
	,				
	ovide any other information necessary to implement the adjustment, such as the reportation				
	ement 1 for the per share amounts and dates of distributions impacted by this orga	nization	al action.		
Inis org	anizational action is reportable with respect to calendar year 2024.				
	Under penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and	t statements	and to the bes	t of my knowledge and
	belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all info	rmation o	f which prepa	arer has any kno	wledge.
Sign	SAR Band				
Here	Signature >	Date 🕨	10/01/202	24	
	Print your name ► Ed Brodzinski	Title ►	Assistant	Treasurer	
Paid	Print/Type preparer's name Preparer's signature	Date		Check 🖌 if	PTIN
Prepa		9/2	27/2024	self-employed	P02359596
Use O	nly Firm's name Deloitte Tax LLP			Firm's EIN ►	86-1065772
	Firm's address ► 30 Rockefeller Plaza, New York, NY 10112-0015			Phone no.	212-492-4000

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054
NM1024U-3914347-2/3

STATEMENT 1

BLACKROCK VIRGINIA MUNICIPAL BOND TRUST F.E.I.N. 38-3645607 FOR THE TAXABLE PERIOD ENDED JULY 31, 2024 <u>ATTACHMENT TO FORM 8937</u>

NON-TAXABLE RETURN OF CAPITAL

Payable Date	Per Share <u>Reduction of</u> <u>Basis in Stock</u>
02/01/2024	0.006209595
03/01/2024	0.006209595
04/01/2024	0.006209595
05/01/2024	0.006209595
06/03/2024	0.006209595
07/01/2024	0.006209595