### Edgar Filing: CONGDON JOHN R - Form 4

CONGDON Form 4 February 10												
FORM	<b>4</b> UNIT	ED STATI				ND EX( D.C. 205		NGE (	COMMISSION		APPROVAL 3235-0287	
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 OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						January 31, 2005 Estimated average burden hours per response 0.5 n						
(Print or Type	•											
1. Name and Address of Reporting Person <u>*</u> CONGDON JOHN R			Symbol OLD D	2. Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE INC/VA [ODFL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) DOMINION F ., 500 OLD D		3. Date o (Month/I 11/05/2	Day/Yea		ansaction			_X_ Director _X_ Officer (giv below) Vice Cl		% Owner her (specify Board	
THOMAS	(Street)	7360	4. If Ame Filed(Mor			te Original			6. Individual or . Applicable Line) _X_ Form filed by Form filed by	One Reporting	Person	
(City)	(State)	(Zip)	Tab	le I - No	on-D	erivative S	Securi	ties Ac	Person	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execut any	A. Deemed 3. 4. Securities Acquired 5. xecution Date, if Transaction(A) or Disposed of Se iny Code (D) Be Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Ov (A) Tr			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect					
Common Stock	11/05/2009			G		14,938		\$ 0	1,855,552	I	As Trustee of John R. Congdon Revocable Trust	
Common Stock	11/23/2009			G	V	71,225	D	\$ 0	1,784,327 <u>(1)</u>	I	As Trustee of John R. Congdon Revocable Trust	

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Common Stock						140,625	I	As Tr of 199 Earl E Congo Famil Trust	98 E. don	
Common Stock						12,032	I	By wi trustee Natali Congo Revoo Trust	e of ie N. don	
Common Stock						72,500	Ι	As Tr of Joh Congo 2009	ın R.	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not information contained in this form are not information contained to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)   Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) SEC 1474 (9-02)										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactie Code (Instr. 8)	`` <b>`</b> `		ate	1 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	(2)	02/08/2010		А	1,790	<u>(3)</u>	(3)	Common Stock	1,790	\$

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
CONGDON JOHN R	Х		Vice				
C/O OLD DOMINION FREIGHT LINE, INC.			Chairman of				

#### 500 OLD DOMINION WAY THOMASVILLE, NC 27360

the Board

## Signatures

/s/ Joel B. McCarty, Jr., by Power of Attorney

02/09/2010

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) Also reflects a transfer of 72,500 shares from the John R. Congdon Revocable Trust to the John R. Congdon 2009 GRAT on November 24, 2009.
- (2) Each share of phantom stock is the economic equivalent of one share of Old Dominion Freight Line, Inc. common stock.

The award will settle on the earlier of (a) the date of the reporting person's termination of employment on or after attainment of age 55 for(3) any reason other than death, total disability or for cause; (b) the date of the reporting person's death while employed by the issuer; or (c) the date of the reporting person's termination of employment as a result of his total disability.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.