FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weekington, D.C. 20540

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL			
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event Requiring Statement (Month/Day/Year) — 05/19/2003		onent OLD DOMINION FREIGHT LINE INC/VA [oth/Day/Year)					
		Person(s) to Is (Check _X_ Director	ssuer all applicable	5. If Amendment, Date Original Filed(Month/Day/Year)			
		title below)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
	Tal	ble I -	- Non-Derivati	ve Securitie	s Ben	eficially	y Owned
	Ben	eficia		Ownership	Owner	rship	direct Beneficial
	0			D			
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Expiration	Expiration Date n/Day/Year)		rities Underlying rative Security		For Der	Ownership orm of Oerivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
e]	Expiration Date		Amount or Numb	Derivative Security	Dir	eurity: ect (D) indirect	
	each class spond to espond ities Beno Date Exerc Expiration	Statement (Month/Day/Year 05/19/2003 Tal 2. A Ben (Ins) 0 each class of security spond to the colle espond unless the	Table I - 2. Amoun Beneficial (Instr. 4) 0 cach class of securities ber spond to the collection espond unless the for ities Beneficially Owned Date Exercisable Expiration Date onth/Day/Year) 3. Tit Secur Deriv	Statement (Month/Day/Year) 05/19/2003 4. Relationshi Person(s) to Is (Check X_ Director Officer (giv title below) 2. Amount of Securities Beneficially Owned (Instr. 4) 0 each class of securities beneficially owned despond to the collection of information espond unless the form displays a cu tities Beneficially Owned (e.g., puts, calls, volate Exercisable Expiration Date 3. Title and Amount of Securities Underlying	Statement (Month/Day/Year) 05/19/2003 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director _Officer (give title below) 2. Amount of Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 0 Deach class of securities beneficially owned directly or indirespond to the collection of information contained in the spond unless the form displays a currently validate Exercisable Expiration Date Expiration Date Expiration Date OLD DOMINION FRE 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director _Officer (give title below) Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Deach class of securities beneficially owned directly or indirect (I) (Instr. 5) Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Statement (Month/Day/Year) 05/19/2003 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give title below) 10% Owner Officer (give below) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 0 Deach class of securities beneficially owned directly or indirectly. spond to the collection of information contained in this espond unless the form displays a currently valid OMB ities Beneficially Owned (e.g., puts, calls, warrants, options, collection of the collec	(Month/Day/Year) 05/19/2003 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Reporting Owner Name / Address		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BREITBACH J PAUL							
C/O OLD DOMINION FREIGHT LINE, INC.	v						
500 OLD DOMINION WAY	Λ						
THOMASVILLE, NC 27360							

Signatures

/s/ J. Paul Breitbach	08/06/2003
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

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.