

(Print or Type Responses)

1. Name and Address of Reporting

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

2. Date of Event Requiring 3. Issuer Name **and** Ticker or Trading Symbol

OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

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

CULP ROBERT G III		(Month/Day/Year)			OLD DOMINION FREIGHT LINE INC/VA [ODFL]			
(Last) (First) (Mi 903 FORREST HILL DR	ddle) 05/19	-05/19/2003		Person(s) to I		Filed(Month/Day/Year)		
(Street) HIGH POINT, NC 27262				_X_ Director	Officer (give Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person	
(City) (State) (2	Zip)	Table I - Non-Derivative Securities Beneficially Owned					y Owned	
1.Title of Security (Instr. 4)		Ben		t of Securities lly Owned		Ownership	direct Beneficial	
Common Stock			200		D	D		
not require number.	ho respond ted to respond	to the colle d unless th	ection ne for	n of information m displays a cu	contained ir urrently valid	this form a	I	
Table II - Derivative				(e.g., puts, calls, value) the and Amount of		ons, convertib	1	
. Title of Derivative Security Instr. 4) 2. Date Exercisabl and Expiration Date (Month/Day/Year)		ion Date	Secur	rities Underlying vative Security	Conversion or Exercise Price of	Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Numb	Derivative Security	Security: Direct (D) or Indirect (I)		

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CULP ROBERT G III						
903 FORREST HILL DR	X					
HIGH POINT, NC 27262						

Signatures

/s/ Robert G. Culp	08/25/2003
**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.