UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)															
1. Name and Address of Reporting Person *- CONGDON JOHN R				2. Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE INC/VA [ODFL]							_x	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director X_ Officer (give title below) Other (specify below)					
C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY				3. Date of Earliest Transaction (Month/Day/Year) 11/05/2009								Vice Chairman of the Board					
				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					ne)	
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu							uired	, Dispos	ed of, or Be	neficially	Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day/	ate, if	(Instr. 8		4. Securities Ac (A) or Disposed (D) (Instr. 3, 4 and 5		d of	Ben Rep	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indi Ben Owr	eficial nership	
						Code	v V	Amount (A) o		r Price						,	
Common	Stock		11/05/2009			G	V	14,93	8 D	\$ 0	1,85	55,552			I	Joh Cor	n R. ngdon vocable
Common	Stock		11/23/2009			G	V	71,22	.5 D	\$ 0	1,78	84,327	(1)		I	Joh Cor	n R. ngdon vocable
Common	Stock										140	,625			I	199 E. Cor	estee of 98 Earl engdon nily est
Common	Stock										12,0	032			I	trus Nat Cor	wife as stee of calie N. ngdon vocable
Common	Stock										72,5	500			I	Joh	
Reminder:	Report on a	separate line for	each class of securit	ies beneficial	ly owr	ed direc	tly or in	directly	<i>7</i> .								
							cont	ained	in this f	orm ar	e no	t requir	on of infor ed to resp control nu	ond unle		EC 147	74 (9-02)
				Derivative Se								wned					
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Exec or Exercise (Month/Day/Year) any		3A. Deemed Execution Date,	4. if Transaction Code	f Transaction of Code De		6. Date and Ex	Exercisable piration Date h/Day/Year)		7. Title Amou Under Securi (Instr.	e and int of lying ities		8. Price of Derivative Security (Instr. 5)		e Own Forn lly Deri Secu Dire- or In	of vative rity: et (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
							Date Exerci	E sable D	xpiration ate	Title		Amount or Number of					

			Code	V	(A)	(D)				Shares				
Phar	 <u>(2)</u>	02/08/2010	A		1,790		<u>(3)</u>	<u>(3)</u>	Common Stock	1,790	\$ 0	10,492	D	

Reporting Owners

Donordino Como None / Addino	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CONGDON JOHN R								
C/O OLD DOMINION FREIGHT LINE, INC.	X		Vice Chairman of the Board					
500 OLD DOMINION WAY	Λ		vice Chairman of the Board					
THOMASVILLE, NC 27360								

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 any reason other than death, total
- (3) 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.