FORM 4

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| ours per response | | | | | | | |

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) | | | | | | | | | | | | | | | | |
|--|-------------|-------------------|---|------------------|--|---------------------------|------------|---------------------------------|--|---|-----------------|---|--|---|--|-------------------------------|-------------------------|---------------------------------|
| Name and Address of Reporting Person * Maready Kimberly S | | | 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) Director X Officer (give title below) Other (specify below) | | | | | | | | | |
| C/O OLD DOL (DIION EDELCHE LDIE | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2019 | | | | | | | VP - Acc | counting & | Fin. (PAC | <u>)) </u> | | | | | |
| ТНОМА | SVILLE, N | (Street) NC 27360 | | | 4. If | Amendm | ent, | Date Ori | ginal | Filed(Mon | th/Day/Yea | ar) | _X_ Form fil | ual or Joint/ed by One Report of by More than | rting Person | | plicable | Line) |
| (City |) | (State) | | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | Execu any | Deemed cution Date, if | | 3. Transa Code (Instr. 8) | ction | 4. Securities (A) or Dispo- (Instr. 3, 4 ar | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Following | Ownership Form: | | Nature Indirect eneficial |
| | | | | (Month/Day/Year) | | ear) | Code | V | Amoun | (A) or t (D) | Price | (Instr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | | wnership nstr. 4) | |
| Common | Stock | | 02/14 | /2019 | | | | A | | 1,781 | A | \$ 0 | 5,307 | | | D | | |
| Common | Stock | | 02/15 | /2019 | | | | F | | 107 | D | \$ 146.3 | 7 5,200 | | | D | | |
| Reminder: indirectly. | Report on a | separate line | for eacl | n class of secu | ırities | beneficia | lly (| owned dir | ectly | or | | | | | | | | |
| | | | | | | | | | COI | ntained i | in this f | orm a | re not req | ction of in uired to re d OMB cor | spond un | less | SEC | 1474 (9- 02) |
| | | | | Table II - E | | itive Secu uts, calls, | | - | | • | | | • | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | | /Day/Year) Execution I | | 4. Transaction Code Year) (Instr. 8) | | of | an (M | 6. Date Exercisabl and Expiration Da (Month/Day/Year) | | An Un Se | Title and nount of iderlying curities sstr. 3 and | | 9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Own Form y Deri Secu Dire or In | of vative rity: et (D) direct | Ownership (Instr. 4) | |
| | | | | | | C. I. | 3 7 | (A) (D | | ite ercisable | Expirat Date | ion Tit | Amount or Number of | | | | | |
| | | | | | | Code | V | (A) (D |) | | | | Shares | | | | | |
| Donor | ting O | ATTIM ONG | | | | | | | | | | | | | | | | |

Reporting Owners

| | | Relationships | | | | | |
|--|----------|---------------|------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Maready Kimberly S C/O OLD DOMINION FREIGHT LINE, IN 500 OLD DOMINION WAY THOMASVILLE, NC 27360 | NC. | | VP - Accounting & Fin. (PAO) | | | | |

Signatures

| /s/ Kimberly S. Maready | 02/19/2019 | |
|-------------------------------|------------|--|
| 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).

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.