FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |

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

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

| 1. Name and Address of Reporting Person*  Maready Kimberly S |  |  |   |                    | 2. Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE, INC. [ ODFL ] |   |  |                   |  |                         |                       |      |  | (Check                                 | ationship of F<br>all applicab<br>Director<br>Officer (q   | le)   | erson(s) to Issuer                       |   | wner                                  |
|--|--|--|---|--------------------|--|---|--|-------------------|--|-------------------------|-----------------------|------|--|--|--|---|--|---|---------------------------------------|
| C/O OLD DOMINION FREIGHT LINE, INC.                          |  |  |   |                    | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2023                          |   |  |                   |  |                         |                       |      |  | X                                      | below) below)  VP - Accounting & Fin. (PAO)  |   |  |   | . ,                                   |
| 500 OLD DOMINION WAY  (Street)  THOMASVILLE NC 27360         |  |  |   |                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)                             |   |  |                   |  |                         |                       |      |  | 6. Indiv                               | vidual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |   |                                       |
| (City)   | (State)  | (Zi <sub>l</sub>                           | p)  |                    |  |   |  |                   |  |                         |                       |      |  |  |  |   |  |   |                                       |
|  |  | Та   | ble I - Nor   | n-Der              | ivativ   | e Se  | curitie  | s Acqı            | uired, I   | Disp                    | osed of,              | or I | Benefi   | cially Ow                              | /ned   |   |  |   |                                       |
| Date   |  |  |   | e<br>nth/Day/Year) |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | Transaction Dispo |  | 4. Securiti<br>Disposed |                       |      |  | Securities<br>Beneficiall<br>Following | Securities Form  |   | nership<br>Direct (D)<br>irect (I)<br>4) | 7. Nature of Indirect Beneficial Ownership                        |                                       |
|  |  |  |   |                    |  |   |  |                   | Code   | v                       | Amount                |      | (A) or<br>(D)                                      | Price                                  |  |   |  |   | (Instr. 4)                            |
| Common Stock 02/1  |  |  |   |                    | /11/2023   |   |  |                   | F  |                         | 120                   |      | D  | \$349                                  | 9,519  |   |  | D   |                                       |
| Common Stock 02/1  |  |  |   |                    | /13/2023   |   |  |                   | F  |                         | 162                   |      | D  | \$355.96                               | 9,357  |   |  | D   |                                       |
|  |  |  | Table II - [  |                    |  |   |  |                   |  |                         | sed of, o             |      |  |  | ed   |   |  |   |                                       |
| Derivative<br>Security (Instr. 3)                            | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                    | 4.<br>Transaction<br>Code (Instr.<br>8)  |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |                   | 6. Date Exerci<br>Expiration Da<br>(Month/Day/Yo |                         | te Secu<br>ear) Deriv |      | tle and A<br>urities Un<br>vative Se<br>r. 3 and 4 | derlying<br>curity                     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction | e<br>s<br>Illy                           | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
| Explanation of Res   | noneoe:  |  |   |                    | Code   | V (A) (D)   |  | Date<br>Exercisa  | Date Expira<br>Exercisable Date                  |                         | or<br>Nu              |      | Amount<br>or<br>Number<br>of Shares                |  | (Instr. 4)   | on(s)   |  |   |                                       |

/s/ Kim Maready

02/14/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.