FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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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

(Fint of 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_	Director	(Chec)Otl	le) 6 Owner er (specify be	low)		
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2006							Vice Ch	airman of the	Board			
THOMA	SVILLE, N	(Street) NC 27360		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City	<i>(</i>)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired				uired,	ed, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr.	8)		osed of (D)	Ben Rep (Ins	neficially	f Securities Owned Fol ansaction(s) 4)	lowing (wnership orm:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	Report on a		ion class of securit		,		Perso	ined in th	s form aı	e no	t requir		ond unless		1474 (9-02)
Reminder:	Report on a		Table II - I	Derivative S	Securiti	es Acqı	Perso conta form	ined in th displays a posed of, o	s form an currently Beneficia	e not vali	t require		ond unless		1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - I (a 3A. Deemed Execution Date,	Derivative Se.g., puts, c 4. Transact Code	Securitialls, was 5.1 tion of Carlot (In	es Acquerrants, Number rivative curities quired or sposed (D) str. 3, 4	Perso conta form of the price o	ined in th displays a posed of, o	Beneficia securities	re not y valiable of valid of values	ot required to the second seco	ed to resp control nu 8. Price of	ond unless	10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I (a) 3A. Deemed Execution Date, r)	Derivative Se.g., puts, c 4. Transact Code	Securitialls, was allowed by Security of (A) Discording and	es Acquerrants, Number rivative curities quired or sposed (D)	Perso conta form of the properties of the proper	ined in the displays a posed of, or convertible Exercisable iration Date Day/Year)	Beneficia securities 7. Titl Amou Under Securi (Instr.	e not y valilly O	ot required to the second seco	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersl Form of Derivati Security Direct (I or Indirect)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

D (O N (A))	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CONGDON JOHN R C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360	X		Vice Chairman of the Board			

Signatures

/s/ John R. Congdon	02/08/2006
**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) 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 (2) 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.

