

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

OMB APPROVAL					
MB Number:	3235-0287				
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ours per response	0.5				

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

	pe Response	es)													
1. Name and Address of Reporting Person * FRYE J WES		2. Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE INC/VA [ODFL] 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2006					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)			low)					
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC, 500 OLD DOMINION WAY							Senior VP - Finance and CFO								
(Street) THOMASVILLE, 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	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				nired, 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)	4. Securities (A) or Dispo (Instr. 3, 4 and (A) Amount (I)	red of (D) d 5) or	Benef Repor	ficially	f Securities Owned Fol ansaction(s) 4)	lowing (Ownership form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:		·					conta	ns who resined in this	form are	not r	requir	ed to resp	ond unless		1474 (9-02)
Reminder:		•	Table II - I		Securiti		conta form (ined in this displays a posed of, or	form are currently Beneficial	not r valid	require OMB	ed to resp	ond unless		1474 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Yea	Table II - I	4. Transact	Securitialls, was 5.1 ion of Clark (In Clark Control of C	rrants, Number rivative curities quired) or sposed (D) str. 3, 4	conta form o uired, Dispoptions, o 6. Date I and Exp (Month/	ined in this displays a	form are currently Beneficial	e not r valid ly Own and at of ying ies	require OMB med	ed to resp control nu 8. Price of	ond unless	10. Owners! 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	Date	Table II - I (a) 3A. Deemed Execution Date, r)	4. Transact	Securitialls, was allowed by Securition of Carlo (A. Discording and Car	rrants, Number rivative curities quired or sposed (D)	conta form of the contact of the con	ined in this displays a posed of, or convertible : Exercisable iration Date Day/Year)	form are currently Beneficial ceurities) 7. Title Amour Underl Securit (Instr.	e not revalid ly Own and and of ying ies 3 and 4	require OMB and 4)	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To. Owners! Form of Derivati Security Direct (l or Indirect) (I)	11. Natur of Indirec Beneficia Ownershi : (Instr. 4)

Reporting Owners

D. C. O. N. (All		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FRYE J WES C/O OLD DOMINION FREIGHT LINE, INC 500 OLD DOMINION WAY THOMASVILLE, NC 27360			Senior VP - Finance and CFO			

Signatures

/s/ J. Wes Frye	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.

