

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

OMB APPROVAL				
MB 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

(Print or Type Responses) 1. Name and Address of Reporting Person * BOOKER JOHN P III			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 10% Owner Officer (give title below) Other (specify below)						
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2007						V	P - Controller				
(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 Person _Form filed by More than One Reporting Person							
(City) (State) (Zip)			(Zip)		Т	Table I - I	Non-Deriv	vative Securiti	es Acquii	red, Dispos	ed of, or Be	neficially Ow	ned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, i	f Code (Instr.	8) (4. Securities Ad (A) or Disposed (Instr. 3, 4 and (A) o (Amount (D)	d of (D) 5)	Beneficially	of Securities Owned Foliansaction(s) 4)	lowing O Fo D or (I	wnership orm: I irect (D) or Indirect (D)	Beneficial Ownership
Reminder:	Report on a	separate line for e	ach class of securiti	es beneficia	ally ow	ned direc	Perso	ns who resp						474 (9-02)
Reminder:	Report on a	separate line for e	Table II - I	Derivative S	Securit	ties Acqu	Perso contai form o	ns who resp ined in this fo displays a cu	orm are rrently v	not requir /alid OMB	ed to resp	ond unless t		474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - I	Derivative S. 2.g., puts, c 4. Transac Code	Securitalls, was all so of the control of the contr	ties Acquerarrants, Number f	Perso contai form contained, Dispoptions, contained, Dispoptions, contained and Expi (Month/I	ns who resp ined in this fo displays a cu	orm are rrently v	not requir valid OMB y Owned and of ing	ed to resp control nu 8. Price of	ond unless t	10. Ownersh Form of Derivativ Security: Direct (Dor Indirect	11. Natur p of Indire Beneficie Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I	Derivative S. 2.g., puts, c 4. Transac Code	Securitalls, was a securitally	ties Acquerarrants, Number ferivative ecurities cquired A) or isisposed f (D) nstr. 3, 4,	Perso contained, Dispopulors, contained, Dispopulors, contained, Dispopulors, contained,	ns who resp ined in this folisplays a cu posed of, or Bo convertible sec Exercisable tration Date Day/Year)	eneficially urities) 7. Title a Amount Underlyi Securitie (Instr. 3	not requir valid OMB y Owned and of ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur p of Indire Beneficie Ownersh (Instr. 4)

Reporting Owners

D 41 0 N /411	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOOKER JOHN P III						
C/O OLD DOMINION FREIGHT LINE, INC.			VP - Controller			
500 OLD DOMINION WAY			VP - Controller			
THOMASVILLE, NC 27360						

Signatures

/s/ John P. Booker, III	02/13/2007
**Signature of Reporting Person	Date

Explanation of Responses:

- \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).
- (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.

