

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

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

(Print or Ty	pe Response	es)												
1. Name and Address of Reporting Person * CONGDON DAVID 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) _X_ Director 10% Owner _X_ 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							Pres	sident and CO	0	
(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	y)	(State)	(Zip)		Т	able I - I	Non-Derivat	ive Securiti	es Acquir	l ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, it	Code (Instr.	(A) (In	Securities Ado or Disposed str. 3, 4 and (A) o nount (D)	d of (D) B 5) R (I	eneficially	of Securities Owned Follows ansaction(s) 4)	lowing C F C o (l	orm: Indirect (f. Nature of Indirect Beneficial Dwnership Instr. 4)
Reminder:	Report on a	separate line for e	ach class of securiti	es benefici	ally ow	nea airec			ond to th	e collecti	on of info	rmation	SEC 1	474 (9-02)
Reminder:	Report on a	separate line for e	Table II - D	Derivative S	Securit	ies Acqu	Persons containe form dis	who resped in this for plays a cu	orm are r rrently value	not requir alid OMB	ed to resp	ond unless		474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - E	Derivative S.g., puts, c 4. Transac Code	Securities 5. stion of Adolescent	ies Acquarrants,	Persons contained form dis ired, Dispos options, con 6. Date Exe and Expiral (Month/Da	who respect in this for plays a cure sed of, or Bovertible security and the cure securit	orm are r rrently value	oot requir alid OMB Owned and of ang	ed to resp control nu 8. Price of	ond unless	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Nature p of Indirect Beneficial Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - D	Derivative S.g., puts, c 4. Transac Code	Securition of (In an	ies Acquarrants, Number Privative Curities Equired O or Sposed (D) astr. 3, 4,	Persons contained form dissired, Disposoptions, conditions of the Exercisable Date Exercisable	who respect in this for plays a cure seed of, or Bovertible seed of the seed o	eneficially urities) 7. Title and Amount of Underlying Securities	oot requir alid OMB Owned and of ang	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) (I)	11. Nature p of Indirect Beneficial Ownershi (Instr. 4)

Reporting Owners

D (O N /411	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CONGDON DAVID S C/O OLD DOMINION FREIGHT LINE, INC 500 OLD DOMINION WAY THOMASVILLE, NC 27360	X		President and COO			

Signatures

/s/ David S. Congdon	02/13/2007
**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.

