FORM 3

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROV	/AL
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response	0.5

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 * Kasarda John D.	2. Date of Event Requiring Statement (Month/Day/Year) 01/03/2008 Statement OLD DOMINION FREIGHT LINE INC/V						
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY	01/03/2008		Person(s) to Is	all applicable)	F		endment, Date Original nth/Day/Year)
THOMASVILLE, NC 27360			title below)	below)	F 	iling(Ch X_ Form f	dual or Joint/Group teck Applicable Line) filed by One Reporting Person iled by More than One Reporting
(City) (State) (Zip)	Та	able I - 1	Non-Derivativ		s Benef	icially	Owned
1.Title of Security (Instr. 4)	Ве	Amount or eneficially a str. 4)	y Owned		Ownersh	nip	lirect Beneficial
No Securities Beneficially Owned	0			D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) 2. D and	ive Security 2. Date Exercisable and Expiration Date (Month/Day/Year) 3 S		e and Amount of ties Underlying tive Security 4)		5. Owne Form	Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Date Exer	Expiration ccisable Date	Title	Amount or Numb of Shares	Derivative Security	Secur Director Inc (I) (Instr	t (D) direct	
Reporting Owners							

Reporting Owner Name / Address		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Kasarda John D.						
C/O OLD DOMINION FREIGHT LINE, INC.	X					
500 OLD DOMINION WAY						
THOMASVILLE, NC 27360						

Signatures

/s/ John D. Kasarda	01/11/2008
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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.