

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

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]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 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) 02/11/2008						Senior V	P - Finance an	d 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)		Ta	ble I -	Non-Deriv	ative Securiti	es Acquii	ed, Dispos	ed of, or Be	neficially Ow	ned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr.	8) (A) or Disposed Instr. 3, 4 and (A) o	1 of (D) H 5) H	Beneficially	ansaction(s)	lowing OF6	wnership orm: irect (D)	Beneficial Ownership
Reminder:	Report on a	separate fine for e	active class of security		arry own		Persoi contai	ns who resp	orm are	not requir	ed to resp	ond unless t		474 (9-02)
Reminder:	Report on a	separate fine for c	Table II - I	erivative S	Securiti	es Acqı	Person contai form d	ns who responed in this foliaged in this foliaged accuracy osed of, or Be	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.g., puts, c 4. Transac Code	Securitialls, was still be securitially security of the securi	es Acqı rrants,	Person contain form d nired, Disp options, contain 6. Date E and Expi (Month/I	ns who responded in this foliable is plays a curosed of, or Beonvertible sec xercisable ration Date	orm are rrently v	not requir ralid OMB r Owned and of of ong	ed to resp control nu 8. Price of	ond unless t	10. Ownersh Form of Derivativ Security: Direct (Dor Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I	Derivative S.g., puts, c 4. Transac Code	Securitialls, was a second of the security of	es Acquerrants, Number rivative curities quired) or sposed (D) str. 3, 4	Persoi contai form di irred, Disp options, con di and Expi (Month/I	ns who respond in this for isplays a curosed of, or Be convertible sec exercisable ration Date Day/Year)	rently veneficially urities) 7. Title a Amount Underlyi Securitie (Instr. 3	not requir ralid OMB r Owned and of of ong	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (E or Indirect)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

	B (1 0 N / 11)		Relationships			
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
5	FRYE J WES C/O OLD DOMINION FREIGHT LINE, INC 600 OLD DOMINION WAY THOMASVILLE, NC 27360			Senior VP - Finance and CFO		

Signatures

/s/ J. Wes Frye	02/13/2008
**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.

