# FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
stimated average burden					
ours per respons	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 Type Responses)  1. Name and Address of Reporting Person * CONGDON JOHN R			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 _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							Vice Ch	airman of the	Board	
(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 Acquire				red, 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) (	A. Securities Ad A) or Disposed Instr. 3, 4 and (A) o Amount (D)	d of (D) 1 5) 1	Beneficially	ansaction(s)	lowing O	wnership orm: irect (D)	Beneficial Ownership
Reminder:	Report on a	separate fine for e	active class of security		,		Perso 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	Derivative S	Securiti	es Acqı	Person contai form of	ns who resp ned in this folisplays 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	Securitialls, was still be securitially security of the securi	es Acqı rrants,	Persoi contai form contained, Dispoptions, contained, Dispoptions, contained and Expi (Month/I	ns who resp ned in this fo lisplays 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 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. 2.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 contain form of the	ns who resp ned in this folisplays a cu posed of, or Bo convertible sec exercisable ration Date Day/Year)	eneficially urities) 7. Title a Amount Underly Securitie (Instr. 3	not requir valid OMB y Owned and of ing	8. Price of Derivative Security (Instr. 5)	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**

D ( O N (A))	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
CONGDON JOHN R C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360	X		Vice Chairman of the Board		

### **Signatures**

/s/ John R. Congdon	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.

