FORM 4

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

OMB APPROVAL					
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Check this box if no 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 * Kasarda John D.			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 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) 06/04/2008											
(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) (State) (Zip) Table I - N			Non-Derivative Securities Acquired, 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	8) (3	Amount (A) or Disposed (A) or	d of (D) H	Beneficially	of Securities Owned Fol ansaction(s) 4)	lowing OF	wnership orm: irect (D) orm: Indirect (Beneficial Ownership
Reminder:	Report on a	separate line for e	ach class of securiti	es beneficia	ally ow	ned direc	Persor	ns who resp						474 (9-02)
Reminder:	Report on a	separate line for e	Table II - I	Derivative S	Securit	ies Acqu	Person contai form d	ns who responed in this folioplays 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 5. tion of De Ac (A Di of (Ir	ies Acqu arrants,	Persoi contai form d ired, Disp options, co 6. Date E and Expir (Month/I	ns who respond in this full lisplays a cultosed of, or Beonvertible sec exercisable ration Date	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. Ownershi Form of Derivativ Security: Direct (D or Indirec	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	Securitialls, was allowed by Security of (A Dio of (Ir an	ies Acquarrants, a Number erivative eccurities equired a) or issposed (D) estr. 3, 4,	Persor contain form dired, Dispoptions, contain form dired, Date Eand Expir (Month/E	ns who respond in this folioplays a curosed of, or Beonvertible secure action Date Day/Year) Expiration	rently veneficially 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. Ownershi Form of Derivativ Security: Direct (D or Indirect)	11. Natur p of Indire Beneficie Ownersh (Instr. 4)

Reporting Owners

B (1 0 N /AII	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Kasarda John D. C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360	X					

Signatures

/s/ John D. Kasarda	06/04/2008
**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.
- (2) The award will settle on the date of the reporting person's termination of service as a director for any reason (including, but not limited to, termination of service due to death or 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.