

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 *BOOKER JOHN P III			2. Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE INC/VA [ODFL]					A	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 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) 02/08/2010							V	P - Controller		
(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 -	Non-Derivat	ive Securiti	es Acquire	ed, Dispos	ed of, or Be	neficially Ow	ned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, i	f Code (Instr.	8) (A)	Securities Ad o or Dispose 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 (7. Nature of Indirect Beneficial Dwnership Instr. 4)
Reminder:	Report on a	separate line for e	ach class of securiti	es belieffer	any ow	riica airc		-	ond to the	e collecti	on of info	rmation	SEC 1	474 (9-02)
Reminder:	Report on a	separate line for e	Table II - D	Derivative (Securi	ties Acq	Persons containe form dis	who resped in this for splays a cu	orm are n rrently va eneficially	ot requir alid OMB	ed to resp	ond unless		474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - D	Derivative : 2.g., puts, c 4. Transac Code	Securing alls, we state of the	ties Acqı arrants,	Persons contained form district, Disposoptions, corollar (Month/Da	s who respect in this for splays a cursed of, or Boxertible security and the security and t	orm are n rrently va eneficially	oot required of the control of the c	ed to resp control nu 8. Price of	ond unless	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Nature p of Indirec Beneficial Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - D	Derivative : 2.g., puts, c 4. Transac Code	Securialls, w	ties Acquarrants, Number f lerivative ecurities cquired All or lisposed f (D) nstr. 3, 4	Persons contained form district, Disposoptions, corollar (Month/Da	s who respect in this fi splays a cu sed of, or Bo evertible sec ercisable tion Date ty/Year)	eneficially urities) 7. Title ar Amount of Underlyin Securities	oot required of the control of the c	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 Indirec Beneficial Ownershi (Instr. 4)

Reporting Owners

D 41 0 N /411	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOOKER JOHN P III						
C/O OLD DOMINION FREIGHT LINE, INC.			VP - Controller			
500 OLD DOMINION WAY			VP - Controller			
THOMASVILLE, NC 27360						

Signatures

/s/ John P. Booker, III	02/09/2010
**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.

