## FORM 4

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

OMB APPE	ROVAL				
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

	pe Response	es)													
1. Name and Address of Reporting Person *- CONGDON EARL E			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)				low)		
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY			3. Date of Earliest Transaction (Month/Day/Year) 02/13/2012								Exe	cutive Chairm	an		
(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)	Table I - Non-Derivative Securities Acquir					Acquire	ired, 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)		and 5) A) or	(D) Be	eneficially	of Securities Owned Fol ansaction(s) 4)	lowing (	ownership orm: Direct (D) r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	•						conta	ined in th	is form	are n	ot requir	on of info ed to resp control nu	ond unless		1474 (9-02)
Reminder:			Table II - I				conta form uired, Dis	ined in the displays a posed of, o	is form currer r Benefi	n are no ntly va icially (	ot requir alid OMB	ed to resp	ond unless		1474 (9-02)
1. Title of Derivative Security	Conversion	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date,	4. Transact	stion of De  See Ac  (A  Distriction of (In	Number rivative curities quired ) or sposed (D) str. 3, 4	conta form duired, Dis coptions, or 6. Date and Exp (Month/	ined in the displays a posed of, o	r Benefi securiti 7. T e Am Und Sec	n are no ntly va icially (	oot requir alid OMB Owned ad of	ed to resp control nu 8. Price of	ond unless	10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi : (Instr. 4)
1. Title of	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, rr) any	4. Transact	tion of Dee See Acc (A Disort of (In and	Number rivative curities quired ) or sposed (D)	conta form of the contact of the con	posed of, o convertible Exercisable irration Dat (Day/Year)	is form a curren r Benefi e securiti 7. T 4m Una Sec (Ins	n are no ntly va ficially ( ties) Title an nount or iderlyin, curities sistr. 3 ar	oot requir alid OMB Owned ad of	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi : (Instr. 4)

#### Reporting Owners

D 4 0 N /411	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CONGDON EARL E C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360	X		Executive Chairman			

### **Signatures**

/s/ Ross H. Parr, by Power of Attorney	02/15/2012
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.

