FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
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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 Ty	pe Response	es)															
1. Name ar Bates Da	2. Issuer OLD DO [ODFL]					_	-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)								
(Last) (First) (Middle) 500 OLD DOMINION WAY				3. Date of Earliest Transaction (Month/Day/Year) 02/13/2013								SVP - Operations					
(Street)				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					
THOMASVILLE, NC 27360 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui												
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date any (Month/Day/Y		e, if ((Instr. 8)		4. S (A)	ecurities A or Dispose tr. 3, 4 and	ed of (D)	quired 5. Amount of (D) Beneficially Reported Tr		llowing	6. Ownership of Form: I Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder:	Report on a	separate line	for each o	class of securiti	Derivative	Secu	ırities	s Acqu	Pers cont form	sons taine n disp	who resp d in this t plays a co	form are urrently eneficiall	not requi valid OME	ion of info red to resp control n	ond unless		474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day	Year) E	A. Deemed xecution Date,	4. Transaction Code		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amount Underly Securiti (Instr. 3	of ring es		9. Number o Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares				
Phantom Stock	<u>(1)</u>	02/13/20	013		A		3,39		<u>(2</u>	<u>2)</u>	(2)	Comm	1 3 398	\$ 0	14,978	D D	
Repor	ting O	wners															
Reporting Owner Name / Address				lationships	S												
Bates David J. 500 OLD DOMINION WAY THOMASVILLE, NC 27360		r 10% Owner	SVP - Operation			ther											

Signatures

/s/ Ross H. Parr, by Power of Attorney	02/14/2013
**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 vest with respect to one-fifth of the phantom stock subject to the award on each anniversary of the grant date and the award will be fully vested on the fifth anniversary of the grant date, provided that (a) the reporting person has been continuously employed by the issuer from the grant date until each respective vesting date; (b) the
- reporting person has been continuously employed by the issuer for at least 10 years on the respective vesting date; and (c) the reporting person has attained age 65 on the respective vesting date. The award will settle on the earlier of (a) the date of the reporting person's termination of employment for any reason other than death, total 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.
- (3) Reflects an anti-dilution adjustment resulting from a three-for-two stock split on September 10, 2012.

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.