FORM 4

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

OMB APPROVAL					
OMB 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

	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) _XDirector					
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY				3. Date of Earliest Transaction (Month/Day/Year) 02/26/2014							Exec	cutive Chairma	ın	
(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					
(Cit	y)	(State)	(Zip)		T	able I -	Non-Deriv	ative Securiti	es Acquir	ed, Dispos	ed of, or Be	neficially Ow	ned	
1.Title of S (Instr. 3)	Security		Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr.	8) (1	Amount (A) or (D)	d of (D) B 5) R	Beneficially	ansaction(s)	For D on (I	wnership orm: irect (D)	Beneficial Ownership
Reminder:							Person	ns who resp	and to th	e collecti	on of info	mation	SEC 1	474 (9-02)
							contain form d uired, Disp	ns who responed in this folioplays a cu	orm are i rrently v	not requir alid OMB	ed to resp	ond unless t		474 (9-02)
1. Title of	Conversion	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date, i	4. Transac Code	stion of Officers (A)	Numbe	contain form d uired, Disp options, co 6. Date E and Expir (Month/E	ned in this folisplays a cu cosed of, or Be convertible sec exercisable ration Date	orm are i rrently v	Owned Odd Owned of ng s	ed to resp control nu	ond unless tumber. 9. Number of	10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, i	4. Transac Code	stion of De See Ac (A Di of (Ir an	Numberivative curities equired a) or sposed (D) astr. 3, 4	contain form d	ned in this filisplays a cu losed of, or Be convertible sec exercisable ration Date Day/Year) Expiration	rrently v reneficially urities) 7. Title at Amount Underlyin Securities (Instr. 3 a	Owned Odd Owned of ng s	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)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

D (1 0 N / 41)	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	02/27/2014
**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

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.

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.