FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response	0.5						

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 = Bates David J.					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) Director 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 500 OLD DOMINION WAY					3. Date of Earliest Transaction (Month/Day/Year) 02/26/2014							SVP - Operations						
(Street)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person														
THOMASVILLE, NC 27360													by More than O	ne Reporting Perso	n			
(City	y)	(State)		(Zip)	Table I - Non-Derivative Securities Acqu						ired,	, Dispos	ed of, or Be	eneficially Ow	ned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, it any (Month/Day/Year		f Code (Instr.	8)			1 of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		lowing (Ownership Form: B Direct (D) Or Indirect (I	Beneficial Ownership			
							Code	e V	Amo		Price					I) Instr. 4)		
Reminder:	Report on a	separate line f	or each	n class of securitie				Pers conta form	ons ained disp	who respo d in this fo lays a cu	orm are rrently	not vali	t requir d OMB	on of infor ed to resp control nu	ond unless		74 (9-02)	
				(6		calls, w	arrants,	options,	conv	ertible sec	urities)				1			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transactio Date (Month/Day/			e, if Transaction of Code Earn (Instr. 8)		Number ferivative ecurities cquired A) or isposed f(D) nstr. 3, 4, and 5)	and Ex	pirati	on Date	7. Title Amount Underly Securiti (Instr. 3	of ing es and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A	(A) (D)	Date Exercis	isable	Expiration Date	Title		Amount or Number of Shares						
Phantom Stock	<u>(1)</u>	02/26/20	14		A	2	,306	<u>(2</u>)	<u>(2)</u>	Comm Stock		2,306	\$ 0	17,284	D		
Repor	ting O	wners																
D	O N	/ A d d		Rel	ationships	i												
Reporting Owner Name / Address Director 10% Owner		Officer		О	ther													
Bates David J. 500 OLD DOMINION WAY THOMASVILLE, NC 27360		SVP - Operation		ions														
Signa	tures																	
/s/ Ross]	H. Parr, by	Power of A	ttorne	ey 0	2/27/201	4												

Explanation of Responses:

**Signature of Reporting Person

- * 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 of the reporting person's termination of employment for any reason other than death, total disability of the reporting person's termination of employment for any reason other than death.

(2) 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.

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.	