FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
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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 * BOOKER JOHN P III			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 X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY (Street) THOMASVILLE, NC 27360			Date of Earliest Transaction (Month/Day/Year) 02/26/2014 If Amendment, Date Original Filed(Month/Day/Year)					L	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
													Line)	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui					es Acquir						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr	8) (1	A) or Disposed instr. 3, 4 and (A) o	1 of (D) B 5) R	Beneficially	ansaction(s)	lowing OF	orm: Indirect (Beneficial Ownership
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							contain form d uired, Disp	ned in this for isplays a cu	orm are i rrently v	not requir alid OMB	ed to resp	ond unless t		474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date,	4. Transact	stion of De According (In	rrants Numbe	contain form d uired, Disp options, co r 6. Date E and Expir (Month/D	ned in this for isplays a curosed of, or Boonvertible secure action Date	orm are i rrently v	not requir alid OMB Owned nd of ng s	ed to resp control nu 8. Price of	ond unless t	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, any	4. Transact	alls, was all alls, was alls, was alls, was alls, was alls, was alls, was all all all alls, was all all all all all all all all all a	Number rivative curities quired of or sposed (D) str. 3, 4	contain form d uired, Disp, options, cc r 6. Date E and Expir e (Month/D	ned in this fisplays a cu osed of, or Bo overtible sec exercisable ation Date day/Year) Expiration	rrently v reneficially urities) 7. Title at Amount Underlyin Securities (Instr. 3 a	not requir alid OMB Owned nd 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

P 4 0 N /AII	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOOKER JOHN P III C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360			VP - Controller			

Signatures

/s/ John P. Booker, III	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 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.