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

OMB APPROVAL					
MB Number: 3235-0287					
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ours per response	e 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

I I III OI I y	pe reesponse	20)														
1. Name and Address of Reporting Person * CULP ROBERT G III				2. Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE INC/VA [ODFL]							4	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director Officer (give title below) Other (specify below)				
(Last) (First) (Middle) 903 FORREST HILL DR				3. Date of Earliest Transaction (Month/Day/Year) 05/30/2014												
(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					
HIGH PC	DINT, NC	27262									_		, , , , , , , , , , , , , , , , , , ,	ne responding read		
(City	7)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)		I	Date Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		if Co				d of (D) Beneficially 5) Reported Tr		Owned Following ransaction(s)		Ownership Form:	Beneficial	
				(Month/Da	ıу/ <b>ү</b> е		Code	. V	Amour	(A) o	ì	(Instr. 3 and 4)				Ownership (Instr. 4)
Reminder:	Report on a	separate line for ea	ch class of securiti	es benefici	ally o	wned o	direct	tly or ind	irectly.					<b>'</b>		
								conta	ined i	n this f	orm are r	not requir	on of infor ed to resp control nu	ond unless		474 (9-02)
			Table II - D	erivative s								Owned				
1. Title of	2.	3. Transaction	3A. Deemed	4.				6. Date			7. Title at	nd	8. Price of	9. Number o	f 10.	11. Nature
Derivative	Conversion	Date	Execution Date,	if Transac				Amount of	of	Derivative Deriva		Ownersh	ip of Indirect			
Security		(Month/Day/Year	) any	Code		Deriva		(Month/	(Month/Day/Year) Underlyi		Underlyin		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Yea	r) (Instr. 8		Securit					Securities		(Instr. 5)	Beneficially	Derivativ	
	Derivative					Acquir	ed				(Instr. 3 a	and 4)		Owned Following	Security: Direct (E	(Instr. 4)
	Security					(A) or Dispos	od								or Indire	
						of (D)					Reported Transaction(					
	(Instr. 3, 4,				(Instr. 4)	(Instr. 4)										
						and 5)	, ,							,	,	
												Amount				
								Date	Fs	piration		or				
								Exercisa			Title	Number				
				Code	v	(A)	(D)					of Shares				
Phantom Stock	<u>(1)</u>	05/30/2014		A		1,370		(2)		<u>(2)</u>	Commo Stock		\$ 0	13,004	D	
Renor	ting (	wners														
Lichoi	S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,														

D ( O N /A)	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CULP ROBERT G III 903 FORREST HILL DR HIGH POINT, NC 27262	X						

## **Signatures**

/s/ Ross H. Parr, by Power of Attorney	06/03/2014
**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.
- (2) The award will settle on the date of the reporting person's termination of service as a director for any reason (including, but not limited to, termination of service due to death or 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.