# FORM 4

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

OMB APPR	ROVAL
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

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(Print or Type Responses)  1. Name and Address of Reporting Person * SUGGS LEO H			Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE INC/VA [ODFL]     Date of Earliest Transaction (Month/Day/Year) 05/30/2014						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 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		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							
(City) (State) (Zip)			(Zip)		1	Table I - 1	Non-Deriv	ative Securiti	es Acquii	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date,	if Code (Instr.	8) (	Amount (A) or Disposed (A) or	d of (D) H	Beneficially	of Securities Owned Fol ansaction(s) 4)	lowing OF	wnership orm: irect (D) orm: Indirect (	Beneficial Ownership
Reminder:	Report on a	separate line for e	ach class of securiti	es beneficia	any ov	viied direc	Perso	ns who resp						474 (9-02)
Reminder:	Report on a	separate line for e	Table II - I	Derivative S	Securi	ties Acqı	Person contai form d	ns who responed in this following in this following is given by the contract of the contract in the contract i	orm are rrently v	not requir /alid OMB	ed to resp	ond unless t		474 (9-02)
	2. Conversion	3. Transaction	Table II - I	Derivative S. e.g., puts, c  4. Transac Code	Securicalls, we state of the securical securic	ties Acqu varrants, . Number	Persoi contai form d sired, Dispoptions, c 6. Date E and Expi (Month/I	ns who responed in this folioplays a cu losed of, or Be convertible sec exercisable ration Date	orm are rrently v	not requir valid OMB y Owned and of ing	ed to resp control nu 8. Price of	ond unless t	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I	Derivative S. e.g., puts, c  4. Transac Code	Securi salls, w	ties Acquerants, . Number f Derivative ecurities acquired (A) or (Disposed f (D) (Instr. 3, 4, 4)	Persoi contai form dired, Dispoptions, con dired, Dispoptions, con direction (Month/I	ns who respond in this folioplays a cure consect of, or Be convertible sector carrier attention Date Day/Year)	rently veneficially urities)  7. Title a Amount Underlyi Securitie (Instr. 3	not requir valid OMB y Owned and of ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownershi Form of Derivativ Security: Direct (D or Indirect)	11. Natur p of Indire Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

P. (1. O. N. (All	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SUGGS LEO H C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360	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.