FORM 4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Drint or Tyme Deerson

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

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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

1. Name and Address CONGDON DAVI	2. Issuer Name an OLD DOMINIO [ODFL]			0,0		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner _X_Officer (give title below)Other (specify below)					
(Last) C/O OLD DOMIN INC, 500 OLD DO	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015						President and C	EO			
THOMASVILLE,		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			
(City)	(Zip)	Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		(Month/Day/Year) any (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ıber	6. Date Exe	rcisable	7. Title and	l	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		and Expirati	ion Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriva	tive	(Month/Day	/Year)	Underlying	;	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securit	Securities		Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					Acquir	-					Security:	(Instr. 4)		
	Security					(A) or							0	Direct (D)	
						Dispos	ed							or Indirect	
						of (D)							Transaction(s)	< / <	
						(Instr. 1	3, 4,						(Instr. 4)	(Instr. 4)	
						and 5)			1		1				
											Amount				
								Date	Expiration		or				
								Exercisable	Date		Number				
				Cala	v	(4)					of				
				Code	v	(A)	(D)				Shares				
Phantom	<u>(1)</u>	02/11/2015		А		3,803		<u>(2)</u>	(2)	Common	3,803	\$ 0	64,050	D	
Stock		02/11/2015		A		5,805		<u>121</u>	121	Stock	5,805	φŪ	04,030	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CONGDON DAVID S C/O OLD DOMINION FREIGHT LINE, INC 500 OLD DOMINION FREIGHT WAY THOMASVILLE, NC 27360	Х		President and CEO					

Signatures

/s/ John P. Booker, III, by Power of Attorney	02/12/2015
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.

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