FORM 4

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

OMB APPF	ROVAL
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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													
Name and Address of Reporting Person * Wray D. Michael		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) _X_ Director Officer (give title below) Other (specify below)			w)				
(Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY			3. Date of Earliest Transaction (Month/Day/Year) 05/29/2015											
(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	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquir			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) (4. Securities Ad (A) or Disposed Instr. 3, 4 and (A) o Amount (D)	d of (D)	Beneficially	ansaction(s)	lowing OF6	wnership orm: I irect (D) irect (D)	Beneficial Ownership
Reminder:	Report on a	separate fine for e	acti class of securiti		arry own		Perso contai	ns who respined in this f	orm are	not requir	ed to resp	ond unless t		474 (9-02)
Reminder:	Report on a	separate file for e	Table II - I	Derivative S	Securiti	es Acq	Perso contai form o	ns who respined in this foliaged in this foliaged accordanced of, or Boosed of, or Boo	orm are rrently v	not requir /alid OMB	ed to resp	ond unless t		474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - I	Derivative S. 2.g., puts, c 4. Transac Code	Securitialls, was tion of De Acc (A Disort of (In	es Acq rrants,	Perso contai form c uired, Disp options, c 6. Date E and Expi (Month/I	ns who resp ined in this fo displays a cu	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. Ownersh Form of Derivativ Security: Direct (D	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I	Derivative S. 2.g., puts, c 4. Transac Code	Securitialls, was a second of the second of	es Acq rrants. Number rivative curities quired) or sposed (D) str. 3, 4	Perso contain form of the properties of the prop	ns who resp ined in this for displays a cu posed of, or Bo convertible sec exercisable ration Date Day/Year)	eneficially urities) 7. Title a Amount Underly Securitie (Instr. 3	not requir valid OMB y Owned and of ing	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

P. (1. O. N. (411)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Wray D. Michael C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360	X					

Signatures

/s/ Ross H. Parr, by Power of Attorney	06/01/2015
**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.
- (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.