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

| OMB APPR | OVAL |
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| OMB Number: | 3235-0287 |
| Estimated average | burden |
| hours per response | e 0.5 |

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

| (Print or Ty | 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 | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2016 | | | | | | | | | VP - Contro | ller | | | |
| (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 Person _ Form filed by More than One Reporting Person | | | | | | |
| (City |) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, 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, i | f Cod (Inst | | V | (A) or l (D) | Disposed 3, 4 and 5 (A) or | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | Stock | | 05/26/2016 | | | 1 | A | | 1,866 | A | \$ 0 | 1,866 | | | D | |
| Common Stock | | | | | | | | | | 9,220 | | | I | By 401(k) plan | | |
| Reminder: indirectly. | Report on a | separate line fo | or each class of secu | rities benefi | icially | owned | | Pers | ons wh | n this fo | rm ar | e not req | uired to re | nformation espond un ntrol numb | less | EC 1474 (9- 02) |
| | | | Table II - D | | | | | | | | | | l | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Y | on 3A. Deemed Execution Da (Year) any | 4. Transaction Code Year) (Instr. 8) | | 5. Number of | | ions, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number o Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Ownership (Instr. 4) D) ect | |
| | | | | Cod | e V | (A) | (D) | Date Exer | cisable | Expiratio Date | n Titl | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

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

Signatures

| /s/ Ross H. Parr, by Power of Attorney | 05/31/2016 | | |
|--|------------|--|--|
| 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).

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.