FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| ours per response | | | | | |

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

| (Print or Ty | pe Response | es) | | , | | | | | | | | | | | |
|-----------------------------------------------------------------------------------|-------------|----------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------|-----------------|---------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------|----------------------|
| 1. Name and Address of Reporting Person * Freeman Kevin M. | | | 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) 05/29/2018 | | | | | | | EVP & C | Chief Operati | ng Officer | | | |
| (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) | | | | ъ. | | •.• | | | | | | |
| | | | | 24 D | | | | | | | | | Beneficially | | 7. 21.4 |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | Code (Instr. 8) | ction | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Month/Day | /Year) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 and 4) Do (I | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 05/29/2018 | | | F | | 244 | ID I | \$ 154.7 | 5,131 | | | D | |
| Common | Stock | | | | | | | | | | 2,348 | | | I | By 401(k) plan |
| Reminder: indirectly. | Report on a | separate line | for each class of secu | ırities benefic | cially o | | • | | | | | | | | |
| | | | | | | | conf | tained i | n this fo | orm are | not req | uired to re | formation spond unl itrol numb | ess | EC 1474 (9- 02) |
| | | | | Derivative Se | | | | | | | ly Owned | | | | |
| Security | Conversion | 3. Transaction Date (Month/Day/Y | n 3A. Deemed Execution D | 4. Transaction Code Year) (Instr. 8) | | 5. Number of | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Arr (Month/Day/Year) Se | | 7. Ti Amo Undo Secu (Inst | tle and bunt of erlying urities r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | (Instr. 4) | |
| | | | | Code | · V | (A) (D) | Dat Exe | e ercisable | Expiration Date | on Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | Couc | , , , | (A) (D) | | | | | Shares | | | | |

Relationships

EVP & Chief Operating Officer

Other

Officer

10% Owner

Director

Signatures

Freeman Kevin M.

500 OLD DOMINION WAY THOMASVILLE, NC 27360

| /s/ Kevin M. Freeman | 05/31/2018 |
|-------------------------------|------------|
| Signature of Reporting Person | Date |

Reporting Owner Name / Address

C/O OLD DOMINION FREIGHT LINE, INC.

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.