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

| OMB APP | ROVAL |
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| DMB Number: | 3235-0287 |
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| ours per respon | se 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 * Bates David J. | | | | 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) 500 OLD DOMINION WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2018 | | | | | | | | S | VP - Operati | ons | |
| (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 Security (Instr. 3) | | Da | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | | tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | | | Ownership of Form: | Beneficial | | |
| | | | | | Co | de | V | Amount | (A) or (D) | Price | (Instr. 3 a | па 4) | | · / | Ownership (Instr. 4) | |
| Common | Stock | | 05/29/2018 | | | F | ì | | 265 | D | \$ 154.7 | 5,008 | | | D | |
| Common | Stock | | | | | | | | | | | 330 | | | I | By 401(k) plan |
| Reminder: indirectly. | Report on a | separate line f | for each class of secu | ırities ben | eficially o | owned | | Pers | ons wh | n this f | orm ar | e not req | uired to re | nformation espond unl | less | EC 1474 (9- 02) |
| | | | Table II - I | Derivative e.g., puts, | | | | | | | | | ı | | | |
| Security (Instr. 3) | Conversion | cise (Month/Day/Yea | n 3A. Deemed Execution Da Year) any | 4. te, if Transaction Code Year) (Instr. 8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. T Am Und Sec | Fitle and abount of derlying curities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Ownership (Instr. 4) D) ect | |
| | | | | Code V | ode V | (A) | (D) | Date Exe | e rcisable | Expirati Date | ion Titl | Amount or le Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|------------------|-------|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | |
| Bates David J. | | | | | | | |
| 500 OLD DOMINION WAY | | | SVP - Operations | | | | |
| THOMASVILLE, NC 27360 | | | | | | | |

Signatures

| /s/ David J. Bates | 05/31/2018 |
|---------------------------------|------------|
| **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 nu | mber. |
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