FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| nours 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 | s) | | | | | | | | | | | | | |
|---|---|----------------------|---|--|------------|------------|--|---|------------------------------|--|--|---|--|--|-------------|
| Name and Address of Reporting Person* Kasarda John D. | | | | 2. Issuer Name and Ticker or Trading Symbol OLD DOMINION FREIGHT LINE, INC. [ODFL] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 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) 05/20/2020 | | | | | | | | | | | |
| (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 |) | (State) | (Zip) | | Tal | ble I - No | n-Der | ivative S | ecurities | Acqui | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | | | Collowing (s) | Ownership Form: H Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | V | Amount | (A) or (D) | Price | è | | or I (I) (Ins | | (Instr. 4) |
| Common | Stock | | 05/20/2020 | | | A | | 1,000 | A | \$ 0 | 3 0 13,175 <u>(1)</u> | | | D | |
| | T | | | Derivative Secu | ıritie | es Acquir | Pers cont the f | ons who ained in orm dis | respo this for plays a | rm are curre neficial | not requesting ntly valid | OMB conf | ormation spond unles trol number | ss | 1474 (9-02) |
| 1. Title of | 2. | 3. Transaction | , | 4. | , wai | | — | ate Exerc | | | itle and | 8. Price of | 9. Number o | f 10. | 11. Natur |
| Derivative Security | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) any | Year) (Instr. 8) | | | | (Month/Day/Year) U.S. | | Amo Und Secu | ount of erlying urities tr. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | of Indirect Beneficia Ownershi (Instr. 4) | |
| | | | | Code | V | (A) (D) | Date Exer | | Expiratio Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| Kasarda John D. C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360 | X | | | | | |

Signatures

| /s/ John D. Kasarda | 05/22/2020 |
|---------------------------------|------------|
| **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) On March 25, 2020, the common stock of Old Dominion Freight Line, Inc. began trading on a 3-for-2 stock split-adjusted basis, resulting in the reporting person's ownership of 4,058 additional shares of common stock.

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.