FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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* Freeman Kevin M. | | | | 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) Director X Officer (give title below) Other (specify below) EVP & Chief Operating Officer | | | | |
| (Last) (First) (Middle) C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2022 | | | | | | | | | EVP&C | onier Operan | ng Orncer | |
| 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) | | Т | able I | - Non | -Deriv | vative S | Securities | Acqui | ired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Y | | (Instr. 8) | | (A) or Disposed o | | of (D) | Beneficia | ount of Securities cially Owned Following ed Transaction(s) | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | (Monutabay/ 1 car) | | Code | | Amoun | (A) or (D) | Price | (msu. 3 a | ., | | | (Instr. 4) |
| Common Stock | | 02/09/2022 | | | | A | | 1,807 | A | \$ 0 | 28,392 | | | D | | |
| Common Stock | | | | | | | | | | | 4,674 | | | I | By 401(k) plan | |
| Reminder: | Report on a s | separate line for | r each class of secur Table II - 1 | | | | | Perso contai | ons wh ined ir orm dis | o respon this for plays a | m are currer | not requesting ntly valid | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| | | 1 | (| e.g., puts | | arran | | tions, c | convert | tible secur | ities) | | | 1 | | |
| 1. Title of Derivative Security (Instr. 3) | | nversion Date Exercise (Month/Day/Year) ce of rivative | 3A. Deemed Execution Date, if any (Month/Day/Year) (In | | ode | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | and Expiration Date (Month/Day/Year) A U S. | | | Amo Undo Secu | itle and ount of erlying urities tr. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivating Security Direct (I or Indire | Beneficia Ownersh (Instr. 4) |
| | | | | | | | | Date | | Expiration Date | 1 Title | Amount or Number | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|-------------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Freeman Kevin M. C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360 | | | EVP & Chief Operating Officer | | | |

Signatures

| **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.