Overbey Cecil E. Jr. Form 4 February 15, 2011

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

10% Owner

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Overbey Cecil E. Jr.

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

OLD DOMINION FREIGHT LINE INC/VA [ODFL]

(Check all applicable)

3. Date of Earliest Transaction (Month/Day/Year)

X\_ Officer (give title Other (specify below)

Director

02/11/2011

(Middle)

Senior VP of Marketing

C/O OLD DOMINION FREIGHT LINE, INC., 500 OLD DOMINION WAY

(First)

(Street)

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

THOMASVILLE, NC 27360

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported (A)

Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Overbey Cecil E. Jr. - Form 4

	1. Title of	2. Conversion	` '	3A. Deemed Execution Date, if any	4. Transactio		5. Number on Derivative		6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities		8. Pric
	Derivative												Deriva
	Security	or Exercise			Code		Securities		(Month/Day/Year)		(Instr. 3 and 4)		Secur
(In	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8)	Acquired						(Instr.
		Derivative				(A) or							
		Security			Disposed of (D)			d of					
							(Instr. 3, 4,						
							and 5)						
					Code	V	(A)	(D)	Date	Expiration	Title	Amount	
					0000	·	()	(2)	Exercisable	Date	1100	or	
												Number	
												of	
												Shares	
												Silaios	
	Phantom	(1)	00/11/0011				1 160		(2)	(2)	Common	1.160	ф
	Stock	<u>(1)</u>	02/11/2011		A		1,160		(2)	(2)	Stock	1,160	\$

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Overbey Cecil E. Jr. C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360

Senior VP of Marketing

# **Signatures**

/s/ Joel B. McCarty, by Power of Attorney

02/15/2011

\*\*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) Each share of phantom stock is the economic equivalent of one share of Old Dominion Freight Line, Inc. common stock.

The award will settle on the earlier of (a) the date of the reporting person's termination of employment on or after attainment of age 55 for (2) any reason other than death, total disability or for cause; (b) the date of the reporting person's death while employed by the issuer; or (c) the date of the reporting person's termination of employment as a result of his total disability.

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.

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