BOOKER JOHN PIII

Form 4

February 10, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

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)

See Instruction

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

BOOKER JOHN PIII

Symbol

(Check all applicable)

OLD DOMINION FREIGHT LINE

(Middle)

INC/VA [ODFL]

3. Date of Earliest Transaction

Director

10% Owner Other (specify

C/O OLD DOMINION FREIGHT

LINE, INC., 500 OLD DOMINION WAY

(Street)

(First)

(Month/Day/Year) 02/08/2010

X_ Officer (give title below)

VP - Controller

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)

Reported Transaction(s) (Instr. 3 and 4)

(A)

Code V Amount (D) Price

(Instr. 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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount of		8. Pric		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative		Expiration Date		Underlying Securities		Deriva		
Security	or Exercise		any	Code	Code Securities		(Month/Day/Year)		(Instr. 3 and 4)		Securi	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Acq	Acquired						(Instr.
	Derivative				(A) or							
	Security				Dis	Disposed of (D)						
					(D)							
					(Instr. 3, 4,							
					and	5)						
				Code '	V (A	A)	(D)	Date	Expiration	Title	Amount	
				couc	, (2	-)	(2)	Exercisable	Date	Title	or	
								Exercisable	Duic		Number	
											of	
											Shares	
											Silares	
Phantom	445	02/00/2010			1.0			(2)	(2)	Common	1.050	Φ.
Stock	<u>(1)</u>	02/08/2010		A	1,2	233		(2)	(2)	Stock	1,253	\$ (

Reporting Owners

Relationships						
Director	10% Owner	Officer	Other			
		VP -				
		Controller				
	Director		Director 10% Owner Officer VP -			

Signatures

THOMASVILLE, NC 27360

/s/ John P.
Booker, III

**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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