## Edgar Filing: SUGGS LEO H - Form 4

| SUGGS LE<br>Form 4   | ОН  |   |                                   |   |   |  |  |  |  |                         |  |
|--|---|---|-----------------------------------|---|---|--|--|--|--|-------------------------|--|
| Form 4<br>May 27, 200<br>FORM<br>Check th<br>if no lon<br>subject to<br>Section<br>Form 4<br>Form 5<br>obligation<br>may cor<br><i>See</i> Instr | <b>A 4</b> UNITED<br>his box<br>to<br>16.<br>or<br>Filed pur<br>Section 17( | <b>MENT OF</b><br>rsuant to Se<br>(a) of the Pt | Wa<br>CHAN<br>ection 1<br>ublic U | NGES IN<br>SECUE  | , D.C. 20<br>BENEF<br>RITIES<br>ne Securi<br>ding Cor | <b>)549</b><br>ICIA<br>ties E<br>npany | LOV<br>xchar<br>y Act  | COMMISSIO<br>VNERSHIP OF<br>nge Act of 1934,<br>of 1935 or Secti<br>940  | N OMB<br>Number:<br>Expires:<br>Estimated<br>burden hou<br>response  | urs per                 |  |
| 1(b).  |   |   |                                   |   |   |  |  |  |  |                         |  |
| (Print or Type   | Responses)  |   |                                   |   |   |  |  |  |  |                         |  |
| SUGGS LEO H Sy<br>O  |   |   |                                   | 2. Issuer Name and Ticker or Trading<br>Symbol<br>OLD DOMINION FREIGHT LINE<br>INC/VA [ODFL]              |   |  |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                      |  |                         |  |
|  | (First) (<br>DOMINION FRE<br>., 500 OLD DOM                                 | IGHT (  |                                   | of Earliest T<br>Day/Year)<br>2009  | ransaction  |  |  | X Director<br>Officer (giv<br>below)   |  | % Owner<br>her (specify |  |
|  |   |   |                                   | If Amendment, Date Original<br>ed(Month/Day/Year)   |   |  | <ol> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol> |  |  |                         |  |
| THOMAS   | VILLE, NC 27360   | )   |                                   |   |   |  |  |  | More than One R  |                         |  |
| (City)   | (State)   | (Zip)   | Tab                               | ole I - Non-I   | Derivative  | Secur                                  | ities A  | cquired, Disposed  | of, or Beneficia   | lly Owned               |  |
| 1.Title of<br>Security<br>(Instr. 3)   | Security (Month/Day/Year) Execution Date, if                                |   | Date, if                          | TransactionAcquired (A) or S<br>Code Disposed of (D) B<br>(Instr. 8) (Instr. 3, 4 and 5) C<br>(A) T<br>Or |   |  |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | Indirect                |  |
| Reminder: Re   | port on a separate line   | e for each clas                                 | ss of sec                         | urities benef   | ficially ow   | ned dir                                | rectly o   | or indirectly.   |  |                         |  |

Persons who respond to the collection of information contained in this form are not 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5. Number<br>onof Derivativ<br>Securities<br>Acquired<br>(A) or<br>Disposed o<br>(D)<br>(Instr. 3, 4,<br>and 5) | e Expiration I<br>(Month/Day | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                 | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |    |
|---|---|---|---|---------------------------------------|---|------------------------------|--|-----------------|---|----|
|   |   |   |   | Code V                                | (A) (I  | D) Date<br>Exercisable       | Expiration<br>Date   | Title           | Amount<br>or<br>Number<br>of<br>Shares                              |    |
| Phantom<br>Stock                                    | <u>(1)</u>  | 05/26/2009                              |   | А                                     | 1,111   | (2)                          | (2)  | Common<br>Stock | 1,111   | \$ |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |
|---|---------------|-----------|---------|-------|--|--|
| Reporting O whet Funder Fruitess  | Director      | 10% Owner | Officer | Other |  |  |
| SUGGS LEO H<br>C/O OLD DOMINION FREIGHT LINE, INC.<br>500 OLD DOMINION WAY<br>THOMASVILLE, NC 27360 | х             |           |         |       |  |  |
| Signatures  |               |           |         |       |  |  |
| /s/ Joel B. McCarty, Jr., by Power of<br>Attorney   | 05/27         | /2009     |         |       |  |  |
| **Signature of Reporting Person   | Da            | te        |         |       |  |  |

## **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.
- (2) The award will settle on the date of the reporting person's termination of service as a director for any reason (including, but not limited to, termination of service due to death or 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.