

KNIGHT TRANSPORTATION INC  
 Form 4  
 August 22, 2005

**FORM 4**

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

OMB APPROVAL

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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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 KNIGHT KEVIN P

2. Issuer Name and Ticker or Trading Symbol  
 KNIGHT TRANSPORTATION INC  
 [KNX]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
 5601 WEST BUCKEYE ROAD  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 08/19/2005

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 Chief Executive Officer

PHOENIX, AZ 85043  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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

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SEC 1474  
 (9-02)

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Stock Option (1)	\$ 23.52	08/19/2005		A			500,000		08/19/2005	08/18/2015	Common Stock, par value \$0.01 per share	500,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KNIGHT KEVIN P 5601 WEST BUCKEYE ROAD PHOENIX, AZ 85043	X		Chief Executive Officer	

## Signatures

/s/ Kevin P.  
Knight

08/22/2005

\*\*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).

This grant is void if for any reason the shareholders of the Company do not approve during 2005 an amendment to the Knight Transportation, Inc. 2003 Stock Option Plan limiting the maximum grant to any participant in any calendar year to 650,000 shares. Subject to the preceeding qualification, the option is fully vested and exercisable as of the date of the grant.

- (1) The total number of shares beneficially owned by Mr. Knight after the reported transaction includes shares held directly by Mr. Knight, shares owned by Mr. Knight over which he and his wife exercise sole voting power pursuant to a revocable living trust, shares beneficially owned by Mr. Knight held by an entity which he controls, shares held by a charitable foundation over which Mr. Knight exercises sole voting power on behalf of the foundation, and shares owned by a minor child living in the same household.

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.