#### CONGDON EARL E

Form 4

February 14, 2007

### FORM 4

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

**OMB** 3235-0287 Number:

Expires:

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, 2005

Section 16. Form 4 or Form 5 obligations

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

burden hours per response... 0.5

Estimated average

**OMB APPROVAL** 

See Instruction 1(b).

may continue.

(Print or Type Responses)

1. Name and Address of Reporting Person \* **CONGDON EARL E** 

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

OLD DOMINION FREIGHT LINE INC/VA [ODFL]

(Check all applicable)

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify

Chairman of the Board and CEO

(Month/Day/Year)

02/12/2007

below)

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

(Street)

WAY

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

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

Reported

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

(A)

Transaction(s)

Code V Amount (D) Price

(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: CONGDON EARL E - Form 4

1. Title of	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)		4. Transactio		5. Number on Derivative				7. Title and Amount of Underlying Securities		8. Pric
Derivative												Deriva
Security				Code (Instr. 8	Securities		(Month/Day/Year)		(Instr. 3 and 4)		Securi	
(Instr. 3)					8)	Acquired (A) or						(Instr.
	Derivative											
	Security				Disposed of							
						(D)						
					(Instr. 3, 4,							
						and 5)						
				Code	v	(A)	(D)	Date	Expiration	Title	Amount	
				0000	·	(1-1)	(2)	Exercisable		1100	or	
								<u> </u>	Buile		Number	
											of	
											Shares	
											Silaics	
Phantom		00/10/0007				4.100		(2)	(2)	Common	4.100	Φ.
Stock	<u>(1)</u>	02/12/2007		Α		4,189		(2)	(2)	Stock	4,189	\$

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

CONGDON EARL E C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360

Chairman of the Board and CEO

## **Signatures**

/s/ Earl E. 02/13/2007 Congdon

\*\*Signature of Date
Reporting Person

# **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).

X

- (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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