FRYE J WES 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 APPROVAL OMB** 

Number:

3235-0287

Expires:

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0.5

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response...

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* FRYE J WES

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)

Senior VP - Finance and CFO

(Last) (First) (Middle)

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

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

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

(Street)

WAY

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

3. Date of Earliest Transaction

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person

THOMASVILLE, NC 27360

Form filed by More than One Reporting

(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) (Instr. 3 and 4) 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)

#### Edgar Filing: FRYE J WES - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed			5. Number		6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities		8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if			ative						
Security	or Exercise		any	Code		Securities		(Month/Day/Year)		(Instr. 3 and 4)		Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8) Acquired						(Instr.	
	Derivative					(A) or						
	Security				Disposed of							
	-			(D) (Instr. 3, 4,								
						and 5)						
				Code	V	(A)	(D)	Date	Expiration	Title	Amount	
				Code	V	(A)	(D)	Exercisable	Date	Title		
								Exercisable	Date		Or Number	
											Number	
											of	
											Shares	
Phantom										Common		
	<u>(1)</u>	02/08/2010		Α		2,138		(2)	(2)		2,138	\$
Stock										Stock		

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

FRYE J WES C/O OLD DOMINION FREIGHT LINE, INC 500 OLD DOMINION WAY THOMASVILLE, NC 27360

Senior VP - Finance and CFO

### **Signatures**

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

02/09/2010

\*\*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.

Reporting Owners 2