### Edgar Filing: OLD DOMINION FREIGHT LINE INC/VA - Form 4

#### OLD DOMINION FREIGHT LINE INC/VA

Form 4

February 13, 2008

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

**OMB** Number:

Expires:

3235-0287 January 31,

0.5

Check this box if no longer

subject to Section 16.

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

2005 Estimated average

**OMB APPROVAL** 

response...

burden hours per

Form 4 or 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **BOOKER JOHN PIII** 

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)

VP - Controller

(Last) (First) (Middle)

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

02/11/2008

Director X\_ Officer (give title below)

10% Owner Other (specify

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

(Street)

WAY

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line)

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

6. Individual or Joint/Group Filing(Check

THOMASVILLE, NC 27360

(State)

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

(Instr. 4)

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

(Zip)

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

(A)

Reported 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.

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.

SEC 1474 (9-02)

(Instr. 4)

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. Numl	ber	6. Date Exer	cisable and	7. Title and	Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	Transaction Derivative		Expiration Date		Underlying Securities		Deriva	
Security	or Exercise		any	Code		Securiti	es	(Month/Day	/Year)	(Instr. 3 and	4)	Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8)	Acquire	ed					(Instr.
	Derivative					(A) or						
	Security					Disposed of						
	-				(D)							
					(Instr. 3, 4,							
						and 5)						
				C- 1-	<b>3</b> 7	(4)	(D)	Data	Ei	T:41-	A	
				Code	V	(A)	(D)		Expiration	Title	Amount	
								Exercisable	Date		or	
											Number	
											of	
											Shares	
Phantom										Common		
	<u>(1)</u>	02/11/2008		A		1,168		(2)	(2)		1,168	\$
Stock									_	Stock		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BOOKER JOHN P III							
C/O OLD DOMINION FREIGHT LINE, INC.			VP -				
500 OLD DOMINION WAY			Controller				
THOMASVILLE, NC 27360							

## **Signatures**

/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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