MCCARTY JOEL B JR

Form 4

February 15, 2012

FORM 4

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

OMB APPROVAL OMB

Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

subject to Section 16. Form 4 or Form 5

if no longer

Check this box

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * MCCARTY JOEL B JR

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)

10% Owner

3. Date of Earliest Transaction

(Month/Day/Year)

X_ Officer (give title Other (specify below)

(Middle)

02/13/2012

Sr. VP, Gen. Counsel & Sec.

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

(First)

(Street)

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

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X Form filed by One Reporting Person Form filed by More than One Reporting

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

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

(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 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)

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1. Title	of 2.	3. Transaction Date	3A. Deemed	4.		5. Number		6. Date Exercisable and		7. Title and Amount of		8. Pric
Derivati	ive Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative		Expiration Date		Underlying Securities		Deriva		
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 (A) or					(Instr.	
	Derivative											
	Security				Disposed of (D)							
			(Instr. 3,			, 4,						
						and 5)						
				G 1	3 7	(4)	(D)	D.	Б	TP:41		
				Code	V	(A)	(D)		Expiration	Title	Amount	
								Exercisable	Date		or	
											Number	
											of	
											Shares	
Phanto	nm .									Common		
	<u>(1)</u>	02/13/2012		Α		3,124		(2)	(2)		3,124	\$
Stock										Stock		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

MCCARTY JOEL B JR C/O OLD DOMINION FREIGHT LINE, INC. 500 OLD DOMINION WAY THOMASVILLE, NC 27360

Sr. VP, Gen. Counsel & Sec.

Signatures

/s/ Joel B.

McCarty, Jr. 02/15/2012

**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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