Edgar Filing: Freeman Kevin M. - Form 4

| Freeman Ke | evin M. | | | | | | | | | |
|--|---------------------------------------|------------------|---------------------------------|---|--------------|---|---|---|--|--|
| Form 4 | | | | | | | | | | |
| February 14 | 4, 2013 | | | | | | | | | |
| FORM | Л 4 | | | | | PPROVAL | | | | |
| UNITED STATES SECURITIES AND EACHANGE COMMISSION | | | | | | | ONID | 3235-0287 | | |
| Check t | Check this box Washington, D.C. 20549 | | | | | | Number: Expires: | January 31, | | |
| if no lo | | THANGES IN | NGES IN BENEFICIAL OWNERSHIP OF | | | | 2005 | | | |
| subject Section | 10 | | | SECURITIES | | | | Estimated average burden hours per response 0.5 | | |
| Form 4 | | SECO | KITIL5 | | | | | | | |
| Form 5 Filed pursuant to Section 16(a) of the Securities | | | | | es Exchar | nge Act of 1934. | 16300136 | . 0.0 | | |
| obligati | ons Section 17 | | | | | of 1935 or Section | on | | | |
| may con See Inst | nunue. | | the Investmen | | - | | | | | |
| 1(b). | | | | | | | | | | |
| | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | |
| 1 Name and | Address of Reporting | Darson * | | 1.07.1 07 | | 5 Deletionship | f Doporting Do | rson(s) to | | |
| Freeman K | | _ | | ssuer Name and Ticker or Trading | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | • | mbol LD DOMINI | N FRFIGE | IT I INF | | | | | |
| | | | NC/VA [ODFI | | | (Che | eck all applicabl | e) | | |
| (Last) | (First) (| | Date of Earliest | - | | Director | 100 | % Owner | | |
| (Last) | (11131) (| , , , | Ionth/Day/Year) | Tansaction | | Diffection X Officer (give | | her (specify | | |
| C/O OLD | DOMINION FRE | | 2/13/2013 | | | below) | below) ice President of | f Salaa | | |
| LINE, INC | C., 500 OLD DOM | | | | | Senior v | ice riesident of | Sales | | |
| WAY | | | | | | | | | | |
| | | | 4. If Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | led(Month/Day/Ye | - | | Applicable Line) | | | | |
| | | | | | | _X_ Form filed by | One Reporting P More than One R | | | |
| THOMAS | VILLE, NC 2736 | 0 | | | | Person | More than One K | eporting | | |
| (City) | (State) | (Zip) | Table I - Non- | Derivative Se | ecurities A | cquired, Disposed (| of. or Beneficia | llv Owned | | |
| 1.Title of | 2. Transaction Date | 24 Deemed | 3. | 4. Securities | | - · - | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year) | | | onAcquired (A | | | Form: Direct | Indirect | | |
| (Instr. 3) | | any | Code | Disposed of | | - | (D) or Indirect | | | |
| | | (Month/Day/Y | Year) (Instr. 8) | (Instr. 8) (Instr. 3, 4 and | | | | Ownership (Instr. 4) | | |
| | | | | , | • • | Reported | (Instr. 4) | (1150.4) | | |
| | | | | | A) or | Transaction(s) | | | | |
| | | | Code V | | D) Price | (Instr. 3 and 4) | | | | |
| | | | | | | | | | | |
| Reminder: Re | eport on a separate line | e for each class | of securities bene | eticially owned | d directly o | r 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.

 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Pric Deriva Securi (Instr. |
|---|---|---|---|---------------------------------------|-------|-----|--|--------------------|---|--|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock | <u>(1)</u> | 02/13/2013 | | А | 3,398 | | (2) | (2) | Common Stock | 3,398 | \$ (|

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|------------|---------------|--------------------------------|-------|--|--|--|--|
| F B | Director | 10% Owner | Officer | Other | | | | |
| Freeman Kevin M. C/O OLD DOMINION FREIGHT LINE, IN 500 OLD DOMINION WAY THOMASVILLE, NC 27360 | ۱C. | | Senior Vice President of Sales | | | | | |
| Signatures | | | | | | | | |
| /s/ Ross H. Parr, by Power of Attorney | 02/14/2013 | | | | | | | |
| **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 vest with respect to one-fifth of the phantom stock subject to the award on each anniversary of the grant date and the award will be fully vested on the fifth anniversary of the grant date, provided that (a) the reporting person has been continuously employed by the issuer from the grant date until each respective vesting date; (b) the reporting person has been continuously employed by

- (2) the issuer for at least 10 years on the respective vesting date; and (c) the reporting person has attained age 65 on the respective vesting date. The award will settle on the earlier of (a) the date of the reporting person's termination of employment for 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.
- (3) Reflects an anti-dilution adjustment resulting from a three-for-two stock split on September 10, 2012.

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.