Edgar Filing: BOOKER JOHN P III - Form 4

BOOKER J	IOHN P III											
Form 4												
February 08	3, 2006											
FORM	ЛД									OMB APPROVAL		
	UNITED	STATES S		RITIES A shington			NGE	COMMISSION	N OMB Number:	3235-0287		
	Check this box				·				Expires:	January 31,		
if no loi subject		MENT OF C	CHAN	IGES IN	BENEF	•	2005					
Section 16.				SECURITIES						Estimated average burden hours per		
Form 4 Form 5							- 1		response	. 0.5		
obligati	ons Section 17							nge Act of 1934, of 1935 or Section	on			
may con See Inst		30(h) of	f the Ir	ivestment	t Compa	ny Ao	et of 1	940				
1(b).												
(Drint - Toma	D											
(Print or Type	(Kesponses)											
1. Name and Address of Reporting Person * 2. Isst BOOKER JOHN P III Symbol				Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
DOOKLK	JOINTIN	-	Symbol OLD DOMINION FREIGHT LINE				I INE					
			INC/VA [ODFL]					(Che	(Check all applicable)			
(Last)	(First) (of Earliest T	ransaction	l		Director X_ Officer (giv		% Owner her (specify		
C/O OLD	DOMINION FRE)2/06/2	Day/Year)				below)	below)			
	C., 500 OLD DOM		210012	.000				v	P - Controller			
WAY	,											
			I. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)					Applicable Line)				
		0						_X_ Form filed by Form filed by	One Reporting P More than One R			
THOMAS	VILLE, NC 2736	0						Person		1 0		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed		3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)					• •			Form: Direct	Indirect		
		any (Month/Day/	(Year)	• • •			· · · ·	(D) or Indirect (I)	Ownership			
		(((-)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	())) () () () () () () () ()				
Reminder: Re	port on a separate line	e for each class	s of secu	urities bene	ficially ow	ned di	rectly o	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.

 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)	4. Transacti Code (Instr. 8)	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	02/06/2006	А	806		(2)	(2)	Common Stock	806	\$ 0

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 02/08/2006

<u>**</u>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.