FORM 4

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

| OMB APPRO | VAL |
|----------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bi | urden |
| nours per response | 0.5 |

longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | pe Response | es) | | | | | | | | | | | | |
|--|---|----------------------|----------------------------------|---|--|---|--------------------|---|--|---|--------------------------------------|--|---|--|
| 1. Name and Address of Reporting Person *- PRESLAR B CLYDE | | | | 2. Issuer Name and Ticker or Trading Symbol FORWARD AIR CORP [FWRD] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 430 AIRPORT ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2004 | | | | | | | ve title below) | | er (specify below | v) |
| (Street) GREENEVILLE, TN 37745 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | es Acquire | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of S (Instr. 3) | Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Tran Code (Instr. | 8) (1 | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) (A) or Amount (D) Price | | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | ted (| Ownership of the corm: | Beneficial Ownership |
| Reminder: | Report on a | separate line for ea | ch class of securitie | s beneficia | my owne | a direct | Person contair | is who responed in this for splays a cur | rm are no | ot require | d to respo | nd unless t | | 474 (9-02) |
| | | | | | | | | osed of, or Be | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | | 3A. Deemed Execution Date, if | 4. Transact | 5. Notion of Deri Secu Acque (A) of Disp of (I (Inst | rrants, umber vative rities nired or osed O) r. 3, 4, | options, co | nvertible secu ercisable and Date | | nd of ng | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownershi Form of Derivativ Security: Direct (D or Indirect | |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, it | 4. Transact | 5. Notion of Deri Secu Acque (A) of Disp of (I | vative rities aired or osed 0) r. 3, 4, 5) | 6. Date Expiration | ercisable and Date y/Year) Expiration | 7. Title at Amount of Underlyin Securities | nd of ng | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(| Ownershi Form of Derivativ Security: Direct (D or Indirects) | of Indirect Beneficia Ownershi (Instr. 4) |

| D | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| PRESLAR B CLYDE 430 AIRPORT ROAD GREENEVILLE, TN 37745 | X | | | | | |

Signatures

| By: /s/ Lera Doherty, Attorney-in-Fact | 05/20/2004 |
|--|------------|
| **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) This is a vesting schedule, 50% over 2 years commencing 5/19/05.

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.