FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no 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

(Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person * CLARKE ANDREW C				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) 02/14/2005							X Officer (give title below) Other (specify below) CFO & Senior VP					
(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 Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	Execution		ned 3. Tra		ansaction 4. (A	Securities Acq A) or Disposed onstr. 3, 4 and 5) (A) or mount (D)	uired of (D)	5. Amount of Securities Bene Owned Following Reported Transaction(s) (Instr. 3 and 4)		eneficially d	6. Ownership of Form:	7. Nature of Indirect Beneficial Ownership Instr. 4)	
Common	Stock								(=)		1,591	1)			D	
			Table II -					in this fo	s who respon orm are not re s a currently sed of, or Bene evertible securi	equire valid (ficially	d to res OMB co	spond	unless the		ned SEC 1	474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration I (Month/Day	Date	of Un Secur	nderlying rities			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (D or Indirect (s) (I))
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	or Nu	mount imber Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 43.46	02/14/2005		A		100,000)	(2)	02/14/2015	Com Sto	110	0,000	\$ 0	100,000	D	
Stock Option (Right to Buy)	\$ 34.75							(3)	02/12/2011	Com Sto	1 70	0,000		50,000	D	
Stock Option (Right to Buy)	\$ 23.8							<u>(4)</u>	10/16/2011	Com Sto		,500		7,500	D	
Stock Option (Right to Buy)	\$ 19.87							02/07/2004	4 02/07/2013	Com Sto	mon ck 25	5,000		25,000	D	
Stock Option (Right to Buy)	\$ 28.23							(5)	02/04/2014	Com Sto	1 70	0,000		20,000	D	
Repor	ting O	wners	Relai	tionships	<u>-</u>			7								

D (1 0 N /41)	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CLARKE ANDREW C 430 AIRPORT ROAD GREENEVILLE, TN 37745	X		CFO & Senior VP				

Signatures

By: /s/ Lera Doherty, Attorney-in-Fact	02/16/2005
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) Includes 320 shares acquired in December 2004 under the Issuer's employee stock purchase plan.
- (2) This is a vesting schedule, 25% over 4 years, commencing 2/14/2006.
- (3) This is a vesting schedule, 25% over 4 years commencing 2/12/02.
- (4) This is a vesting schedule, 25% over 4 years commencing 10/16/02.
- (5) This is a vesting schedule, 25% over 4 years, commencing 2/4/2005.

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.