## FORM 4

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

OMB APPROVAL							
OMB Number: 3235-028							
stimated average burden							
ours per response	e 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

Histruc	ction 1(b).			111	vesu	ment	Compa	any Act	01 19	40							
(Print or Ty	pe Response	es)															
1. Name and Address of Reporting Person * DRUM CRAIG A				2. Issuer Name <b>and</b> Ticker or Trading Symbol FORWARD AIR CORP [FWRD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 430 AIRPORT ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/11/2007								X Officer (give title below) Other (specify below)  Senior Vice President, Sales					
(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 PersonForm filed by More than One Reporting Person					
(City		(State)	(Zip)			Т	ahle I -	Non-Der	ivativa	Securities	Acquir	ed Disnose	d of or Ren	neficially Ow	ned		
1.Title of Security 2. Transaction			2. Transaction	2A Dee				nsaction		curities Acq		5. Amount of			7. Nature		
(Instr. 3)		Date (Month/Day/Year	Execution Date, if			Code (Instr.		(A) or	r Disposed . 3, 4 and 5	of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	Beneficial Ownership		
C	G. 1					Cod	le V	Amou	unt (D)	Price	(1)			(Instr. 4)			
Common	Stock											10,693 (1)			D		
			Table II -	Derivativ	e Se	curitio	es Acqu	conta form	ined i displa	in this for	m are r ently v	alid OMB c	d to respo	nd unless t		474 (9-02)	
	_			(e.g., puts		ls, wa	rrants,	options,	conver	rtible secur	ities)		I		-		
(Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date, i ar) any (Month/Day/Yea	if Transaction of Code Exr) (Instr. 8) SA		of Deriv Secur Acqu (A) o Dispo (D)	rities priced or osed of :: 3, 4,	6. Date Exerc Expiration D (Month/Day/		e	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (E or Indirect		
				Code	V	(A)	) (D)	Date Exercisa		xpiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 31.65	02/11/2007		A		50,0	00	<u>(2)</u>	02	2/11/2014	Comm	. 150.000	\$ 0	50,000	D		
Stock Option (Right to Buy)	\$ 18.82							(3)	02	2/04/2014	Comm	115 000		15,000	D		
Stock Option (Right to Buy)	\$ 28.97							<u>(4)</u>	02	2/14/2015	Comm	156 250		56,250	D		
Repor	ting O	wners							•								
Reporting	Owner Nar	ne / Address	irector 10% Owner	Relatio	nshi	ps			Other								
DRUM CRAIG A 430 AIRPORT ROAD GREENEVILLE, TN 37745				Senior Vice President, Sale													
Signat	ures																
By: /s/ Le	era Dohert	y, Attorney-in-	-Fact 02	2/14/200	7												

## **Explanation of Responses:**

\*\*Signature of Reporting Person

- \*\* 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 225 shares acquired under the Issuer's employee stock purchase plan in June and December 2006.
- (2) This is a vesting schedule, 33-1/3% over 3 years commencing 2/11/08.
- (3) This is a vesting schedule, 25% over 4 years, commencing 2/4/2005.
- (4) This is a vesting schedule, 25% over 4 years, commencing 2/14/2006.

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.