FORM 4

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

| OMB APPROVAL | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|
| MB Number: | 3235-0287 | | | | | | |
| stimated average burden | | | | | | | |
| ours 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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | | |
|--|-------------|--|---|--|---|--|---|--------------------------------------|---|----------------|--------------------|--|--|------|---|--|------------------------|
| 1. Name and Address of Reporting Person - McLean Michael P (Last) (First) (Middle) 430 AIRPORT ROAD (Street) GREENEVILLE, TN 37745 | | | | FORWARD AIR CORP [FWRD] 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2016 | | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) VP & CAO | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 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 | | | | | | | | ies Acquir | red, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | | | | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | Owned Following Reported Transaction(s) | | ed O | Ownership form: | Beneficial | |
| | | | | (Month/Day/Year) | | Cod | le V | A | mount | (A) or (D) | Price | (Instr. 3 and 4 |) (I | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 08/23/2016 | | | | M | | 1 | 0,300 | A | \$ 22.47 | 27,749.1005 | ; | I |) | |
| Common | Stock | | 08/23/2016 | | | | S | | 1 | 0,300 | D | \$ 46.0033 | 17,449.1005 | 5 | Ι |) | |
| | | | Table II - | | | | | for uired, l | m c Disp | display | s a cu f, or Be | rrently va | ot required t lid OMB cor Owned | | | | . , |
| Security | Conversion | 3. Transaction Date (Month/Day/Year | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. N f Transaction of Code Deri) (Instr. 8) Sect Acq (A) Disp (D) (Instr. 8) | | 5. Nu of Deriv Secur Acqu (A) or Dispo | mber ative rities ired rosed of | 6. Date Ex Expiration (Month/D | | | | 7. Title an | d Amount of g Securities nd 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Form of Derivativ Security: Direct (Dor Indirect) | Ownershi (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expira Date | ation | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to | \$ 22.47 | 08/23/2016 | | М | | 1 | 0,300 | <u>(1</u> |) | 02/07 | 7/2017 | Common Stock | 10,300.00 | \$ 0 | 15,000 | D | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--------------------------------|---------------|-----------|----------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | | | |
| McLean Michael P | | | | | | | | | |
| 430 AIRPORT ROAD | | | VP & CAO | | | | | | |
| GREENEVILLE, TN 37745 | | | | | | | | | |

Signatures



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 option vests 33-1/3% each year over a three year period commencing on 2/7/11.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \textit{see}\ Instruction\ 6 for procedure.$

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.