F	ORM	4
	Check this box	if no

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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SEC 1474 (9-

02)

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 Type Responses)												
1. Name and Address of Reporting I DRUM CRAIG A	2. Issuer Name and Ticker or Trading Symbol FORWARD AIR CORP [FWRD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) X Other (specify below) FORMER OFFICER					
(Last) (First) 1915 SNAPPS FERRY ROAD	3. Date of Earliest Transaction (Month/Day/Year) 04/26/2017											
(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)	Tal	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form:	Beneficial		
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock	04/26/2017		S		2,000	D	\$ 49.36	9,856	D			
Common Stock	04/27/2017		S		3,950	D	\$ 50.018	5,906	D			
Common Stock	04/28/2017		S		1,950	D	\$ 50.07	3,956	D			
Common Stock	05/02/2017		S		2,355	D	\$ 51.047	1,601	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly 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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Numb	er 6. Date Exe	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirat	ion Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	erivativ	e (Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	ecuritie	5		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				A	cquired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A	A) or			4)			Following	Direct (D)	
					Di	isposed						Reported	or Indirect	
						(D)						Transaction(s)	< /	
					· ·	nstr. 3,						(Instr. 4)	(Instr. 4)	
					4,	and 5)								
										Amount				
							Date	Evaluation		or				
							Exercisable	Expiration Date	Title	Number				
								Date		of				
				Code V	' (A	A) (D)			Shares				

Reporting Owners

Denseties Opene News (Add	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
DRUM CRAIG A 1915 SNAPPS FERRY ROAD BUILDING N GREENEVILLE, TN 37745				FORMER OFFICER				

Signatures

/s/ Michael P. McLean, Attorney-in-Fact	05/15/2017		
^{**} 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).

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.