FORM 4

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

| OMB APPROVAL | | | | | | |
|-------------------------|-----------|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | |
| Stimated average burden | | | | | | |
| ours per respon | se 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 * RUBLE CHRIS C | | | | 2. Issuer Name and Ticker or Trading Symbol FORWARD AIR CORP [FWRD] | | | | | | | | 5. Relation | (Che | oorting Perso eck all applic | | er | |
| (Last) (First) (Middle) 1915 SNAPPS FERRY ROAD, BUILDING N | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2018 | | | | | | | | | r (give title belo | | Other (specify l | pelow) |
| (Street) | | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | | Group Filing | g(Check Applic | able Line) |
| GREENEVILLE, TN 37745 | | | | | | | | | | | | _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City | ·) | (State) | | (Zip) | | Ta | ble I - | Non- | Deri | ative S | ecurities | Acqui | ired, Dispo | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | if Cod | Code (Instr. 8) | | 4. Securities Acqui (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of Beneficia Reported | | ally Owned Following I Transaction(s) | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | C | ode | V | Amoun | (A) or (D) | Price | | | | | (Instr. 4) |
| Common | Stock | | 02/06 | /2018 | | | F | (1) | | 233 | D | \$ 0 | 22,947.8 | 3365 | | D | |
| Common | Stock | | | | | | | | | | | | 29 | | | I | By Son |
| indirectly. | Report on a | separate line fo | | | | ative Securit | | | Personta conta the fo | ons wh ained ir orm dis | this fo | rm ar | e not req ently valid | uired to re d OMB cor | formation espond un itrol numb | less | EC 1474 (9- 02) |
| | | | | | | uts, calls, wa | | • | | • | | | • | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Year) E | | ate, if Transaction Code Year) (Instr. 8) | | of Deriv Secur Acqu (A) of Disposof (D) (Instr | of an | | . Date Exercisab nd Expiration D Month/Day/Year | | Ame Und Seco | ount of derlying | | 9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Ownershi (Instr. 4) D) |
| | | | | | | Code V | (A) | (D) | Date Exer | cisable | Expiratio Date | on Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | · |
| Dan autin a | O No- | / A 44 | | | | Relations | hips | | | | | | | | | | |
| Reporting Owner Name / Address Director 10% Ow | | ner Officer | | | | | | Other | | | | | | | | | |
| RUBLE CHRIS C 1915 SNAPPS FERRY ROAD BUILDING N GREENEVILLE, TN 37745 | | President - Expedited Services | | | | | | | | | | | | | | | |

Signatures

| /s/ Michael L. Hance, Attorney-in-Fact | 02/08/2018 | | | |
|--|------------|--|--|--|
| **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) Restricted stock withheld by Issuer to satisfy minimum tax withholding obligation on vesting of restricted stock.

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.

