FORM 4

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

| OMB APPROVAL | | | | | |
|-------------------------|-----------|--|--|--|--|
| MB Number: | 3235-0287 | | | | |
| 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

| (Print or Type | e Responses) | | | | | | | | | | | | | | |
|---|---|--|--|---|-----------|---------|---|---------------------|--|---|--|--|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person *- Campbell C Robert | | | | 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) 1915 SNAPPS FERRY ROAD, BUILDING N | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2018 | | | | | | | ve title below) | | er (specify below) | | |
| (Street) GREENEVILLE, TN 37745 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ | 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 | | | | | | s Acquired | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Sec (Instr. 3) | curity | 1 | Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Da | Date | (Instr | ; | (A) (| or Disposed r. 3, 4 and 5 | of (D) Own Tran | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Transaction(s) Transaction(s) Transaction(s) Tomic Tomi | | eneficial wnership | | |
| | | | Table II - D | | | | quire | form disp | lays a curi d of, or Ben | rently valide | d OMB c | | nd unless tl nber. | ne | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Yea | 3A. Deemed Execution Date, | 4. if Transac Code | tion) | 5. Numb | and Expiration Date (Month/Day/Year) (Month/Day/Year) Amo Unde Secu (Institute) | | 7. Title an Amount o Underlyin Securities (Instr. 3 an | f g | Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Dividend Equivalent Rights | \$ 0 | 09/07/2018 | | A | | 11.942 | | <u>(1)</u> | (1) | Commor Stock | 11.942 | \$ 0 | 600.871 | D | |

Reporting Owners

| D | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Campbell C Robert 1915 SNAPPS FERRY ROAD BUILDING N GREENEVILLE, TN 37745 | X | | | | | |

Signatures

| /s/ Michael L. Hance, Attorney-in-Fact | 09/11/2018 | | |
|--|------------|--|--|
| **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) The dividend equivalent rights accrued on restricted stock units previously granted under the Forward Air Corporation Non-Employee Director Plans and are fully vested. Each dividend equivalent right is the economic equivalent of one share of Forward Air Corporation common 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.