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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 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

	1 0	1 *	2 Jeener N												
	1. Name and Address of Reporting Person * CAMPBELL BRUCE A				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) 02/08/2019						X Officer (give title below) Other (specify below) Chairman						
(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					
, 1222, 11	(State)	(Zip)		Tab	ole I - Non-	Deriv	ative So	ecurities A	Acqui	red, Dispo	osed of, or	Beneficially	Owned		
1.Title of Security (Instr. 3)		te onth/Day/Year)	any		f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of			Following (s)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					Code	V	Amoun	(A) or (D)	Price				or Indirect (Instr. 4) (I) (Instr. 4)		
Stock	02/	/08/2019			F(1)		929	D S	\$ 0	126,801			D		
					es Acquire	conta the fo	ained ir orm dis sposed o	n this for splays a c of, or Bene	m are curre	e not req ntly valid	uired to re d OMB cor	spond unl	ess	EC 1474 (9- 02)	
		any	Code	etion 3)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	and F (Mon	Expirationth/Day/	on Date Year) Expiration	Amo Undo Secu (Inst 4)	ount of erlying urities		Derivative Securities Beneficially Owned Following Reported	Ownersl Form of Derivati Security Direct (I or Indirects)	Ownership (Instr. 4) O)	
S	Conversion r Exercise Price of Derivative	(Street) VILLE, TN 37745 (State) Curity 2.7 Dai (M) Stock 02. Stock 02. Conversion Date or Exercise (Month/Day/Year	(Street) /ILLE, TN 37745 (State) (Zip) 2. Transaction Date (Month/Day/Year) stock 02/08/2019 eport on a separate line for each class of secu Table II - D (e Table II - D (e Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)	(Street) (Street) (Street) (A. If Amendre (January 1987) (January 1987) (State) (State) (State) (State) (State) (January 24. Deemed Execution Dany (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (January 24. Deemed Execution Dany (Month/Day/Year) (Month/Day/Year) (January 25. Deemed Execution Date (e.g., puts, call any (Month/Day/Year) (Month/Day/Year) (January 26. Deemed Execution Date, if Transaction any (Month/Day/Year) (Month/Day/Year) (January 26. Deemed Execution Date, if Transaction any (Month/Day/Year) (Month/Day/Year)	(Street) (Street) 4. 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deporting Owners

Describer Occasional Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CAMPBELL BRUCE A 1915 SNAPPS FERRY ROAD BUILDING N GREENEVILLE, TN 37745	X		Chairman			

Signatures

/s/ Michael L. Hance, Attorney-in-Fact	02/12/2019
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.