FORM 4	4
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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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### 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 Per MITCHIN KYLE R	2. Issuer Name <b>ar</b> FORWARD AI			0,	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) 1915 SNAPPS FERRY ROAD	(Middle) , BUILDING N	3. Date of Earliest Transaction (Month/Day/Year) 02/02/2021						X Officer (give title below) Other (specify below) Chief People Officer			
(Street) GREENEVILLE, TN 37745	4. If Amendment, I	Date Origin	nal Fi	led(Month/I	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)	(Zip)	Tal	ble I - Non	-Der	ivative Se	curities	ired, Disposed of, or Beneficially Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (A) c (Instr. 8) (D)		(A) or Di	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	02/02/2021		А		1,832 (1)	А	\$ 0	13,617.9542 <sup>(2)</sup>	D		

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

SEC 1474 (9-02)

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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	Numł	ber	and Expiration	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) 01							1	or Indirect	
						Dispo							Transaction(s)	< / <	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr									
					4, and 5)										
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

# **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MITCHIN KYLE R 1915 SNAPPS FERRY ROAD BUILDING N GREENEVILLE, TN 37745			Chief People Officer					

## **Signatures**

/s/ Michael L. Hance, Attorney-in-Fact 02/04/2021 \*\*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) Award of time-vesting restricted stock under the Forward Air Corporation 2016 Omnibus Incentive Compensation Plan in a transaction exempt from Section 16(b)under Rule 16b-3. The stock vests equally in one-third increments over three years commencing 2/2/22 and fully vesting on 2/2/24.
- (2) Includes 59.8194 shares acquired under the Issuer's employee stock purchase plan in June and December 2020.

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.