FORM 5

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average burden | | | | | | | |
| hours par raspons | 1 ۱ | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported 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. Name and Address CAMPBELL BRU | , . | 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) 430 AIRPORT RO | (First) | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013 | | | | | X Officer (give title below) Other (specify below) Chairman, President & CEO | | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Reporting (check applicable line) | | | |
| GREENEVILLE, | TN 37745 | | | | | | _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | | Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | Beneficial Ownership | |
| Common Stock | | 05/30/2013 | | G | 1,600 | D | \$ 0 | 112,570 | 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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | Transaction | 3A. Deemed | 4. | 5. Nu | mber | Date Exer | cisable | 7. Tit | le and | 8. Price of | 9. Number | 10. | 11. Nature | ı |
|-------------|-------------|-------------------------------|--------------------|-------------|---------|-------|-----------------------------|--------------------|--------|---------|-------------|--------------|-------------|-------------|---|
| Derivative | Conversion | Date | Execution Date, if | Transaction | of | | and Expirati | on Date | Amou | ınt of | Derivative | of | Ownership | of Indirect | ı |
| Security | or Exercise | (Month/Day/Year) | any | Code | Deriv | ative | (Month/Day | /Year) | Unde | rlying | Security | Derivative | Form of | Beneficial | ı |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Secur | ities | | | Secur | rities | (Instr. 5) | Securities | Derivative | Ownership | ı |
| | Derivative | | | | Acqui | ired | | | (Instr | . 3 and | | Beneficially | Security: | (Instr. 4) | ı |
| | Security | | | | (A) or | r | | | 4) | | | Owned at | Direct (D) | | ı |
| | | | | | Dispo | sed | | | | | | End of | or Indirect | | ı |
| | | | | | of (D) |) | | | | | | Issuer's | (I) | | ı |
| | | | | | (Instr. | . 3, | | | | | | Fiscal Year | (Instr. 4) | | ı |
| | | | | | 4, and | 15) | | | | | | (Instr. 4) | | | l |
| | | | | | | | | | | Amount | | | | | l |
| | | | | | | | . | . | | or | | | | | ı |
| | | | | | | | Date | Expiration Date | Title | Number | | | | | ı |
| | | | | | | | Exercisable | Date | | of | | | | | ı |
| | | | | | (A) | (D) | | | | Shares | | | | | l |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|---------|---------------------------|--|--|--|--|
| Reporting Owner Name / Address | Director | Officer | Other | | | | |
| CAMPBELL BRUCE A 430 AIRPORT ROAD GREENEVILLE, TN 37745 | X | | Chairman, President & CEO | | | | |

Signatures

| /s/ Michael P. McLean, Attorney-in-Fact | 02/13/2014 |
|---|------------|
| **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 provided 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.