Edgar Filing: LOCKHART MICHAEL D - Form 4

LOCKHART Form 4 April 01, 201	MICHAEL D										
FORM	Λ									PPROVAL	
-	UNITED	STATES		ITIES AN hington, l			GE (COMMISSION	OMB Number:	3235-0287	
Check this if no longe	ar.								Expires:	January 31,	
subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNE					NERSHIP OF	Estimated a	2005 average	
			SECURITIES						burden hou	burden hours per	
Form 5		suant to S	Section 16	b(a) of the	Securitie	es Exc	chang	ge Act of 1934,	response	0.5	
obligation	^s Section $17($						-	f 1935 or Sectio	n		
may contin <i>See</i> Instruc 1(b).		30(h)	of the Inv	vestment (Company	Act	of 194	40			
(Print or Type R	esponses)										
LOCKHART MICHAEL D Symbol NOR			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			NORFOLK SOUTHERN CORP [NSC]				,	(Check all applicable)			
(Last)	(First) (M	(liddle)		Earliest Tra	nsaction			X Director		o Owner	
446 SWEET STREET			(Month/Day/Year) 03/31/2011					Officer (give titleOther (specify below) below)			
			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			
REMBERT,	SC 29128							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecuriti	es Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)2. Transaction E (Month/Day/Yes)		any		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Securities Beneficially Owned		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock								3,220.2049 <u>(1)</u>	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.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	DerivativeExpiration Date (Month/Day/Year)acquired (A) orDisposed of (D)Instr. 3, 4, andDisposed of (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units-Dir. Def. Fee Plan	(2)	03/31/2011		A <u>(2)</u>	324.8159	(2)	(2)	Common Stock	324.8159

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Officer Other				
LOCKHART MICHAEL D 446 SWEET STREET REMBERT, SC 29128	Х							
Signatures								
H. D. McFadden via P.O.A. for Lockhart	04/01/2011							
<u>**</u> Signature of Reporting I	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) Includes 220.2049 shares of Common Stock acquired by the reporting person as a result of participating in the Norfolk Southern Corporation Dividend Reinvestment Plan.

Reports the number of deferred stock units--on the basis of the market value of the Common Stock on the last trading day of each
 quarter--credited to the reporting person's account in the Norfolk Southern Corporation Directors' Deferred Fee Plan for deferral of

(2) quarterly fees. These deferred stock units ultimately will be satisfied in cash, not in shares of Common Stock, upon the reporting person's retirement or other termination of service, or at such other time as may be elected under the terms of the Directors' Deferred Fee Plan.

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.