## Edgar Filing: GOODE DAVID R - Form 4

GOODE DA' Form 4	VID R												
August 26, 20	)05												
FORM	4		GECUD							r	PPROVAL		
Check this box								OMB Number:	3235-0287				
if no long subject to Section 16 Form 4 or	6. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									Expires: January 3 200 Estimated average burden hours per response 0			
Form 5 obligation may conti <i>See</i> Instru 1(b).	s Section 17 nue. ction	7(a) of the		ility H	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n			
(Print or Type R	esponses)												
			2. Issuer Name <b>and</b> Ticker or Trading Symbol NORFOLK SOUTHERN CORP						5. Relationship of Reporting Person(s) to Issuer				
[] []				LKSU	101	ΠΕΚΙΝ	COR	r	(Check all applicable)				
(Mon				te of Earliest Transaction th/Day/Year) 5/2005					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chrmn. & CEO & Dir.				
				ndment, Date Original th/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
NORFOLK,	VA 23510-219	91							Person	Nore than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securit	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution Date, if 3) any			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
G				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	08/25/2005			G	V	3,000	D	<u>(1)</u>	695,440	D			
Common Stock	08/25/2005			G	V	3,000	D	<u>(1)</u>	692,440	D			
Common Stock	08/25/2005			G	V	2,500	D	<u>(1)</u>	689,940	D			
Common Stock									13,296 <u>(2)</u>	Ι	By 401(k) Plan		

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of of Derivative Securities		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne
	Security				Acquired						Follo
					(A) or Disposed						Repo Trans
					of (D)						(Instr
					(Instr. 3, 4, and 5)						
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GOODE DAVID R THREE COMMERCIAL PLACE NORFOLK, VA 23510-2191	Х		Chrmn. & CEO & Dir	<b>.</b> .				
Signatures								
D. M. Martin, via P.O.A. for David Goode	IR.	08/20	6/2005					

\*\*Signature of Reporting Person

## 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).

Date

(1) Reports gift by the Reporting Person.

Represents the approximate number of whole shares of Common Stock estimated -- on the basis of the unit accounting system used by the Plan Administrator -- as of August 25, 2005, to have been credited to the reporting person's account in the Norfolk Southern Corporation

(2) That Administrator is as of August 25, 2005, to have been created to the reporting person's account in the robronk Southern Corporation Thrift and Investment Plan (TIP), a trusteed 401(k) plan. In accordance with TIP's terms applicable to all participants, acquisitions were made at various times and at various prices.

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.