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Form 4 April 25, 20	ЛЛ		-						OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION	OMB	3235-0287	
					, D.C. 20	0549			Number:		
if no long	gar	C C U A N	CES IN	DENIEL			ERSHIP OF	Expires:	January 31, 2005		
subject to Section 1	r CHAI	SECUE		ICIA		CENSIII OF	Estimated a burden hour				
Form 4 or									response 0.5		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act Section 17(a) of the Public Utility Holding Company Act of 1935 30(h) of the Investment Company Act of 1940								1935 or Section	1		
(Print or Type	Responses)										
MCQUADE KATHRYN B Symbol			Name and				5. Relationship of Reporting Person(s) to Issuer				
[NS								(Check all applicable)			
				Date of Earliest Transaction				Director 10% Owner X Officer (give title Other (specify			
(Month/ THREE COMMERCIAL PLACE 04/23/2				Day/Year) 2007				below) below) Exec. V.PPlanning & CIO			
								6. Individual or Joint/Group Filing(Check Applicable Line)			
Filed(Month/Day/Year) NORFOLK, VA 23510						_X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Secu	rities Acqu	iired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	Code (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Stock	04/23/2007			М	4,541	А	\$ 22.02	101,143	D		
Common Stock	04/23/2007			F	1,794	D	\$ 56.765	99,349	D		
Common Stock								588 <u>(1)</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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number.

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 Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I 2 ()
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to buy (granted 2004)	\$ 22.02	04/23/2007		M <u>(2)</u>		4,541 (2)	01/30/2005	01/29/2015	Common Stock	4,541	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MCQUADE KATHRYN B THREE COMMERCIAL PLACE NORFOLK, VA 23510			Exec. V.PPlanning CIO	&				
Signatures								
D. M. Martin, via P.O.A. for Kathryn McQuade	ı B.	04/25/2	2007					
<u>**</u> 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).

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 April 24, 2007, to have been credited to the reporting person's account in the Norfolk Southern Corporation

(1) That Administrator is as of April 24, 2007, to have been created to the reporting person's account in the Norrow 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

(2) Reflects exercise and resulting cancellation of stock option, in a single transaction, exempt from Section 16(b). The stock option was granted under the Long-Term Incentive Plan (a Rule 16b-3 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.

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