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Lehmann Ric Form 4 May 23, 201											
									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWN SECURITIES					Expires:	January 31, 2005	
								NERSHIP OF	Estimated average		
Section 16.				SECUR	11165				burden hours per response 0.		
Form 5	Filed pur	suant to S	ection 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	response	0.5	
obligatior may conti	¹⁸ Section 176	a) of the F	Public Ut	ility Hold	ling Con	ipany	Act of	1935 or Sectior	ı		
See Instru 1(b).		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
(Print or Type R	Responses)										
Lehmann Richard J Symbo KNIC			Symbol	Issuer Name and Ticker or Trading bol IGHT TRANSPORTATION INC				5. Relationship of Reporting Person(s) to Issuer			
			[KNX]					(Check all applicable)			
(Last)	(First) (N		3. Date of (Month/D	Earliest Tra ay/Year)	ansaction			X Director	title Othe	Owner er (specify	
5601 WEST BUCKEYE ROAD 05/19/20				-				below)	below)		
(Street) 4. If Ame			endment, Date Original			6. Individual or Joint/Group Filing(Check					
				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
PHOENIX,	AZ 85043							Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	05/19/2011			A	1,299 (1)	A	\$ 17.32	6,926	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)		Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr	
		Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
hoporong o mor ramo / raa	Director	10% Owner	Officer	Other				
Lehmann Richard J 5601 WEST BUCKEYE RC PHOENIX, AZ 85043)AD	Х						
Signatures								
/s/ Richard J. Lehmann	05/23	3/2011						
**Signature of	D	ate						

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) Each director of Knight Transportation, Inc. ("Knight") that is not employed by Knight will receive an annual grant of shares of Knight common stock, as a portion of his/her director compensation as payment of accrued director's fees. The Knight stock will be granted once a year at or near the annual meeting of the Board of Directors/shareholders. The price per share shall be based upon the closing market price for such shares as of the date of the grant. The plan, pursuant to which the grant was made, was approved by the Shareholders.

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.

Reporting Person