## Edgar Filing: KNIGHT TRANSPORTATION INC - Form 4

| KNIGHT TF<br>Form 4<br>June 04, 200                                      | RANSPORTAT<br>8                              | TION INC    |  |  |           |           |  |   |   |                     |  |
|--|--|-------------|--|--|-----------|-----------|--|---|---|---------------------|--|
| FORM   | 1 4  |             |  |  |           |           |  |   | OMB AF  | PROVAL              |  |
| -  | UNITE  | D STATES    |  | LITIES A   |           |           | NGE C  | OMMISSION   | OMB<br>Number:  | 3235-0287           |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |  |             |  | SECUR  | ITIES     |           |  |   | Expires: January<br>Estimated average<br>burden hours per<br>response |                     |  |
| obligation<br>may cont<br><i>See</i> Instru<br>1(b).                     | ns Section 1                                 | 7(a) of the | Public Ut                              |  | ling Con  | npany     | y Act of   | e Act of 1934,<br>1935 or Section<br>0  | 1   |                     |  |
| (Print or Type I   | Responses)                                   |             |  |  |           |           |  |   |   |                     |  |
| KNIGHT L RANDY Symbol<br>KNIC  |  |             | Symbol                                 | HT TRANSPORTATION INC  |           |           |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |   |                     |  |
| (Last)<br>5601 WEST  | (First)<br>T BUCKEYE R                       | (Middle)    | 3. Date of<br>(Month/D<br>06/02/20     | -  | ansaction |           |  | X Director<br>Officer (give<br>below)   |   | Owner<br>r (specify |  |
|  |  |             | ndment, Date Original<br>nth/Day/Year) |  |           |           | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |   |   |                     |  |
| PHOENIX,   | AZ 85043                                     |             |  |  |           |           |  | Person  | ore than One Re   | porung              |  |
| (City)   | (State)                                      | (Zip)       | Tabl                                   | e I - Non-D  | erivative | Secur     | ities Acq  | uired, Disposed of  | , or Beneficial   | ly Owned            |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | Security (Month/Day/Year) Execution Date, if |             |  | 3. 4. Securities Acquired<br>Transaction(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8) |           |           | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  |                     |  |
| Common<br>Stock, par   |  |             |  | Code V   |           | or<br>(D) | Price<br>\$  | Transaction(s)<br>(Instr. 3 and 4)  |   |                     |  |
| value \$0.01<br>per share  | 06/02/2008                                   |             |  | G  | 2,664     | D         | ۹<br>17.72   | 6,268,451   | I   | Trust               |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orfNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|--|---------------------|--------------------|-----------------------|---|---|--|
|   |   |   | Code V                                | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares            |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address                             |            | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
|  | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| KNIGHT L RANDY<br>5601 WEST BUCKEYE R<br>PHOENIX, AZ 85043 | OAD        | Х             |         |       |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |
| /s/ Randy<br>Knight  | 06/04/2008 |               |         |       |  |  |  |  |
| **Signature of<br>Reporting Person                         | Da         | 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).

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.