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KNIGHT K Form 4	EVIN P								
August 10, 2	2005								
	ЛЛ								PPROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287
Check th if no lon subject to Section Form 4 of Form 5 obligation may con <i>See</i> Insta 1(b).	ger o 16. or Filed pur ons tinue.	suant to S	Estimated burden hou response	urs per					
(Print or Type	Responses)								
1. Name and A KNIGHT K	2. Issuer Name and Ticker or Trading Symbol KNIGHT TRANSPORTATION IN [KNX]			5. Relationship of Reporting Person(s) to Issuer VC (Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction			_X_ Director 10% Owner _X_ Officer (give title Other (specify			
5601 WES	AD	(Month/Day/Year) 08/08/2005				below) below) Chief Executive Officer			
(Street)			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			
PHOENIX	AZ 85043						Form filed by Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securiti onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly	or indirectly.		
					Perso inform requir	ns who rest nation cont ed to resp ys a curre	spond to the colle- tained in this form ond unless the for ntly valid OMB co	are not m	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	Acquired (A Disposed o (Instr. 3, 4, 5)	f (D)				
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Stock Option	\$ 23.18	08/08/2005		A	500,000		08/08/2005	08/07/2015	Common Stock, par value \$0.01 per share	500,000

Reporting Owners

Reporting Person

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
KNIGHT KEVIN P 5601 WEST BUCKEYE ROAD PHOENIX, AZ 85043		Х		Chief Executive Officer					
Signatures									
/s/ Kevin P. 08/10/2 Knight		2005							
<u>**</u> Signature of	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).

This grant is void if for any reason the shareholders of the Company do not approve during 2005 an amendment to the Knight
 (1) Transportation, Inc. 2003 Stock Option Plan limiting the maximum grant to any participant in any calendar year to 650,000 shares. Subject to the preceeding qualification, the option is fully vested and exercisable as of the date of the grant.

The total number of shares beneficially owned by Mr. Knight after the reported transaction includes shares held directly by Mr. Knight, shares owned by Mr. Knight over which he and his wife exercise sole voting power pursuant to a revocable living trust, shares

(2) shales owned by Mr. Knight over which he and ms whe exercise sole voting power parsuant to a revocable nying fluxt, shales beneficially owned by Mr. Knight held by an entity which he controls, shares held by a charitable foundation over which Mr. Knight exercises sole voting power on bhealf of the foundation, and shares owned by a minor child living in the same household.

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.