FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	$D \subset$	20540	
vvasiiiigtoii,	D.C.	20549	

wasinington,	D.C.	20343		

OMB APPROVAL								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Squires James A</u>				2. Issuer Name and Ticker or Trading Symbol NORFOLK SOUTHERN CORP [NSC]							5. Relationship of Reporting (Check all applicable) X Director				10% Owner			
(Last) THREE C	(Firs	ial PLACE	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/25/2019					X	below	r (give title) irman, P		below	´			
(Street) NORFOL	K VA		23510 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Se	ecurity (Instr.		le I - N	2. Transacti Date	on	cative Securities Acquired, Disposed of, or Benef					l (A) or	5. Amount of Securities Beneficially Owned Following Reported		nt of s	6. Ownership Form: Direct		7. Nature of Indirect	
			(Month/Day	/Year)	ear) if any (Month/Day/Year)		Code 8)	(Instr.	Amount (A) or Price		ollowing l ion(s)			(D) or li (I) (Inst	Instr. 4)	Beneficial Ownership (Instr. 4)		
Common S	Stock			11/25/20	019			G	V	10,917	D	\$0.0	000	44,9	70(1)	I)	
Common S	Stock			11/25/20	019			G	v	10,883	D	\$0.0	000	45,	007	1	[By Spouse
Common S	Stock													160.	2419]		By 401(k) Plan ⁽²⁾
Common S	Stock													5,8	392]	[By GRATs
Common S	Stock													3,636	.923 ⁽³⁾]] [By the E.H. Squires Irrevocable Trust ⁽⁴⁾
Common Stock											3,636.923(3)		.923 ⁽³⁾	1] [By the M.O. Squires Irrevocable Trust ⁽⁴⁾		
		Ta	able II							osed of, oconvertib				Owned			,	
		Transac Code (li	nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir (Mon	6. Date Exercisable ar Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		.0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Explanation				C	Code	v	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	er					

- 1. Excludes 5,892 shares which remain held indirectly in a grantor retained annuity trust (GRAT), previously held directly.
- 2. 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 November 25, 2019, to have been credited to the reporting person's account in the Norfolk 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.
- 3. Includes 73.923 shares of common stock acquired by the trust as a result of participation in a dividend reinvestment plan. The trust no longer participates in a dividend reinvestment plan.
- 4. Represents shares held by irrevocable trust for the benefit of the reporting person's child. The reporting person's spouse is the trustee of the trust. The reporting person has no pecuniary interest or investment controlover these shares

Denise W. Hutson via P.O.A. for James A. Squires

11/26/2019

** Signature of Reporting Person

Date

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

- * 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.

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 Number.