FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* MCQUADE KATHRYN B					2. Issuer Name and Ticker or Trading Symbol NORFOLK SOUTHERN CORP [NSC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) THREE COM	(First)	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2004								X	Officer (g below)				specify
(Street) NORFOLK (City)	VA (State		3510 Zip)		— 4. —	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - N	on-Dei	rivativ	/e S	ecurities	s Acq	uired, D	ispo	sed	of, or B	ene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transacti Code (Ins 8)	on str.			Inst		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock															32,109(1)			D	
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. Deeme Execution any (Month/D	on Date, if	4. Transactio Code (Instr. 8				6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount Securities Underlyin Derivative Security (4)		ng	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Followin Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	le V	(A)	(D)	Date Exercisable		ration	Title	١.	Amount or Number of Shares	nber of (Instr. 4)				
Deferred Stock Units	(2)	06/10/2004			A ⁽²⁾		128.3594		(2)	(2	2)	Common Stock		128.3594	\$24.93 ⁽²⁾	3,984.8	8819	D	

Explanation of Responses:

- 1. Includes 1,607 shares, 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 June 10, 2004, the last date on which a formal statement was available, 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.
- 2. Reports the number of deferred stock units credited to the account of the reporting person on the basis of the market value of the Common Stock on the dividend payment date. These deferred units ultimately will be satisfied in cash, not in shares of Common Stock.

Remarks:

D. M. Martin, via P.O.A. for Kathryn B. McQuade

06/14/2004

Date

** Signature of Reporting Person

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.