FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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* HIXON JAMES A					<u>NC</u>	2. Issuer Name and Ticker or Trading Symbol NORFOLK SOUTHERN CORP [NSC] 3. Date of Earliest Transaction (Month/Day/Year)										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) THREE	,	rst) ((Middle)				004	iest ira	nsactio	on (Mon	tn/Day/Ye		X	Officer (give title below) Sr. VP-Legal & 0			Other (s below) v't. Affairs	·				
(Street) NORFOL	RFOLK VA 23510						4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable te) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Year) i	Execution Date,				action (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securit Benefit Owned		ies cially	Forr (D) o Indi	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(IIIS	(1. 4)	(msu. 4)		
Common Stock 08/10/2004						4			M		5,00	0	A	A \$20.8		33 62,832(1)		(1) D				
Common Stock 08/10/2004					04)4			S		5,00	0	D	\$26	\$26.69		57,832(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. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (I 8)	saction of (Instr. S		umber ivative urities uired or posed D) tr. 3, 4 5)	Expi (Mo	iration I nth/Day			7. Title at Amount of Securitie Underlyin Derivativ Security and 4)	of s ng e (Instr. 3	of Do Se (II	Price erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable	Expirati Date		Title	of Share								
Option (granted 1995)	\$20.8333	08/10/2004			M ⁽²⁾			5,000(2	01/3	30/1996	01/29/20	05	Common Stock	5,00		(2)	5,000		D			

Explanation of Responses:

1. Includes 6,560 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 August 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. Reflects exercise and resulting cancellation of stock option, in a single transaction, exempt under Rule 16b-3. The stock option was granted under the Long-Term Incentive Plan (a Rule 16b-3 plan).

Remarks:

D. M. Martin, via P.O.A. for 08/11/2004 James A. Hixon

** Signature of Reporting Person

Date

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

** 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.

^{*} If the form is filed by more than one reporting person, see Instruction 4 (b)(v).