FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
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				NO	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)		11/0	005		action (Month/Day/Year)					below) Exec	Officer (give title below) Exec. V.PPlanning				
(Street) NORFOL			23510 Zip)		4. If A	men	dme	nt, Date o	of Original Filed (Month/Day/Year)					lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - N	lon-Deriv	ative S	Sec	urit	ies Acq	uired,	Dis	oosed of,	or Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					(Year) Execution			3. Transaction Code (Instr. 8)		4. Securitie Disposed and 5)			5. Amour Securitie Beneficia Owned	s	Form: (D) or Indire	Direct o	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Followin Reported Transact (Instr. 3	d tion(s)		(1	nstr. 4)
Common Stock 11/03/20					2005	005			M ⁽¹⁾		20,000	A	\$22.49	83,220			D	
Common Stock 11/03/20				2005	005		S ⁽¹⁾		20,000 D		\$42	63,220			D			
Common Stock														44:	3(2)		I 4	By 01(k) lan
	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)	if any	on Date,	4. Transact Code (In 8)			umber of ivative urities uired (A) Disposed D) (Instr. and 5)	6. Date Expirati (Month/	on D			of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Followin Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Option (granted 2002)	\$22.49	11/03/2005			M ⁽¹⁾			20,000(3)	01/28/2	003	01/27/2012	Common Stock	20,000	(3)	60,00	00	D	

Explanation of Responses:

- $1.\ Transaction\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ entered\ into\ by\ the\ Reporting\ Person\ on\ May\ 9,\ 2005.$
- 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 3, 2005, 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. Reflects exercise and resulting cancellation of stock option, in a single transaction, exempt from Section 16(b). 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 Kathryn B. McQuade 11/04/2005

** Signature of Reporting Person Da

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.