FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL						
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).

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

Name and Address of Reporting Person*     Squires James A	2. 1	or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol NORFOLK SOUTHERN CORP [ NSC ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)      Pinates     A00/ Ourses									
(Last) (First) (Middle) THREE COMMERCIAL PLACE			3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021									X Director 10% Owner  X Officer (give title below) Other (specify below)  Chairman, President and CEO							
(Street) NORFOLK VA 23510 (City) (State) (Zip)	FOLK VA 23510				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					
Table I -  1. Title of Security (Instr. 3)	ative on Year)	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 ar						d (A) or	5. Amount of			6. Own Form: (D) or I (I) (Inst	Direct Indirect	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)	Price		Transactio				(Instr. 4)			
Common Stock	02/01/20	_				M		2,300	A	\$0.00		72,8			D				
Common Stock Common Stock	02/01/20	21				F		984	D	\$239.	.515	71,8			D I	By 401(k)			
Common Stock												38,9				Plan <sup>(1)</sup> By Spouse			
Common Stock											21,636			I	By the E.H. Squires Irrevocable Trust <sup>(2)</sup>				
Common Stock												21,636	5.923			By the M.O. Squires Irrevocable Trust <sup>(2)</sup>			
Table	II - Deriva							sposed of , converti				Owned							
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) if any	emed 4. tion Date, Trans		action (Instr.	5. Number		6. Dat	e Exer	cisable and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivati	ive iles cially ing ed ction(s)	10. Owners Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)			
		Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amo or Num of Shar	nber								
Restricted Stock (3) 02/01/2021 Units		M <sup>(3)</sup>			2,300	(:	3)	(3)	Commo Stock		00	(3)	18,	836	D				

## **Explanation of Responses:**

- 1. 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 February 1, 2021, 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. 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 control over these shares.
- 3. Reports the number of Restricted Stock Units, exempt under Section 16(b), granted and credited to the account of the reporting person on January 30, 2020, under the terms of the Norfolk Southern Corporation Long-Term Incentive Plan. Each Unit is the economic equivalent of one share of Common Stock. These Units ultimately will be settled in Common Stock, vesting ratably in four annual installments beginning on the first anniversary of the grant date. This distribution represents the first of four installments.

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

02/02/2021

\*\* 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.