

KNIGHT TRANSPORTATION INC
 Form 3/A
 April 14, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Comen Thomas Casey		(Month/Day/Year)	KNIGHT TRANSPORTATION INC [KNX]	
(Last)	(First)	(Middle)	05/26/2005	
5601 WEST BUCKEYE ROAD			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
PHOENIX,Â AZÂ 85043			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) Executive Vice President	
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
			05/27/2005	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.01 per share	156	I	401(k)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

			Shares	(I) (Instr. 5)			
Employee Stock Option (Right to Buy)	03/01/2007 ⁽¹⁾	02/28/2014	Common Stock, par value \$0.01 per share	37,500	\$ 16.5467	D	Â
Employee Stock Option (Right to Buy)	05/16/2007 ⁽²⁾	05/15/2015	Common Stock, par value \$0.01 per share	5,000	\$ 23.3	D	Â
Employee Stock Option (Right to Buy)	03/01/2006 ⁽³⁾	02/28/2015	Common Stock, par value \$0.01 per share	10,000	\$ 27.13	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Comen Thomas Casey 5601 WEST BUCKEYE ROAD PHOENIX, AZ 85043	Â	Â	Â	Executive Vice President

Signatures

/s/ Casey Comen 04/14/2006

**Signature of Date
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
 - (1) This option will vest in five equal annual installments on March 1, 2007, 2008, 2009, 2010 and 2011.
 - (2) The previously reported vesting schedule contained a typographical error. The correct schedule for vesting is in 20% increments on May 26, 2007, May 26, 2008, May 26, 2009, May 26, 2010 and May 26, 2011.
 - (3) This option will vest in four (4) equal installments on March 1, 2006, March 1, 2007, March 1, 2008 and March 1, 2009.
- Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.