Ross Kathleen L

Form 3	2017											
<b>FORM 3</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	I J		Washin	igton, E	).C. 20549				OMB Number:	3235	-0104	
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES									Expires: January 20 Estimated average burden hours per			
		ion $17(a)$ of	to Section 16(a) the Public Utility O(h) of the Invest	y Holdi	ng Company	Act of 1	935 or \$		response	rs per	0.5	
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> Ross Kathleen L			2. Date of Event R Statement (Month/Day/Year)		B. Issuer Name and Ticker or Trading Syr CELADON GROUP INC [CGI]							
(Last)	(First)	(Middle)	10/10/2017						Amendment, Date Original (Month/Day/Year)			
ONE CELA E. 33RD ST		IVE, 9503			(Check	all applica	ble)					
(Street)				_X_ Director Officer (give title below)			0% Owner )ther below)	Filing _X_ Fo	lividual or Joint/Group g(Check Applicable Line) form filed by One Reporting			
INDIANAP	OLIS, II	NÂ 46235							rm filed by Mor ing Person	re than Or	ne	
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficia						ally Owned	I		
1.Title of Secu (Instr. 4)	str. 4) Ber			neficially Owned () str. 4) ] () ()		3. Ownershi Form: Direct (D or Indirec (I) (Instr. 5)	m: (Instr. 5) ect (D) ndirect					
Reminder: Rep owned directly	•		ch class of securities	s benefici	ally S	EC 1473 (7	7-02)					
	infor requi	mation conta ired to respo	oond to the collect ined in this form nd unless the for //B control number	are not m displa								
I	Table II - De	erivative Secu	ities Beneficially C	)wned (e.	g., puts, calls,	warrants,	options,	converti	ble securities	5)		
1. Title of Deri (Instr. 4)	vative Secur	Expir	te Exercisable and ration Date Day/Year)	Securiti	and Amount of es Underlying ive Security	f 4. Conve or Exe	ersion (	5. Dwnershi Form of	6. Nature p Beneficia (Instr. 5)	al Owner		

(Instr. 4)

Expiration Title

Date

Exercisable Date

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

(I)

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships			
1	Director	10% Owner	Officer	Other
Ross Kathleen L ONE CELADON DRIVE 9503 E. 33RD STREET INDIANAPOLIS, IN 46235	ÂX	Â	Â	Â

## Signatures

/s/ Kathleen L. Ross, by Heidi Hornung-Scherr, attorney-in-fact, pursuant to a Power of Attorney filed herewith

<u>\*\*</u>Signature of Reporting Person

10/12/2017 Date

## **Explanation of Responses:**

## No securities are beneficially owned

- \* 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).

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.