## 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 <u>*</u> TROY JOSEPH J			<ul><li>2. Date of Event Requiring Statement</li><li>(Month/Day/Year)</li></ul>	e 5. 1550er 1401	3. Issuer Name and Ticker or Trading Symbol QUALITY DISTRIBUTION INC [QLTY]			
(Last)	(First)	(Middle)	08/02/2010		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
4041 PARK	OAKS							
BOULEVA	RD, SUITE	200		(Check	all applicable)			
(Street) TAMPA, FL 33610				X Officer (give title below	Director10% Owner XOfficerOther (give title below) (specify below) E.V.P. and C.F.O.		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I -	Non-Deriva	tive Securiti	es Ber	neficially Owned	
1.Title of Secur (Instr. 4)	ity		2. Amoun Beneficial (Instr. 4)	t of Securities ly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	*	
No securitie	s beneficial	ly owned	0		D	Â		
Reminder: Rep owned directly	-	te line for ea	ch class of securities bene	ficially S	SEC 1473 (7-02)	)		
	inform require	ation conta ed to respo	bond to the collection ined in this form are n nd unless the form dis /B control number.	ot				

## 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) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Security	Difect (D)	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

## Edgar Filing: TROY JOSEPH J - Form 3

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
TROY JOSEPH J 4041 PARK OAKS BOULEVARD, SUITE 200 TAMPA, FL 33610	Â	Â	E.V.P. and C.F.O.	Â			
Signatures							
/s/ Jonathan C. Gold, by power of 0 attorney	8/04/2010						
**Signature of Reporting Person	Date						
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).

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.