## Edgar Filing: DELTA APPAREL, INC - Form 4

DELTA APP	AREL, INC																			
Form 4																				
December 11	, 2014																			
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL											
Washington, D.C. 20549							OMB Number:	3235-0287												
Check this if no long	ar .							Expires:	January 31, 2005											
subject to STATEMENT OF			CHANGES IN BENEFICIAL OW				NERSHIP OF	Estimated												
Section 16 Form 4 or	SECUR	ITIES				burden hou	irs per													
Form 5		suant to Section	16(a) of the	- Securiti	ies Fr	chan	re Act of 1934	response	0.5											
obligation	<sup>8</sup> Section $17($	a) of the Public U					-	m												
may conti <i>See</i> Instru	nue.	30(h) of the I	•	•	- ·															
1(b).	cuon			1.	-															
(Print or Type R	esponses)																			
1 Name and A	drass of Doporting	Demon*			<b></b> 1.		5 Palationship a	f Doporting Dor	ron(a) to											
1. Name and Address of Reporting Person *       2. Issuer         STATON SR ROBERT E       Symbol				Ticker or	Iradin	g	5. Relationship of Reporting Person(s) to Issuer													
5111101151		-	Symbol DELTA APPAREL, INC [DLA]																	
			, L 1				(Check all applicable)													
(Last)	Date of Earliest Transaction onth/Day/Year)			_X_Director10% Owner Officer (give titleOther (specify																
322 S. MAIN STREET 12/1 (Street) 4. If A			12/10/2014																	
			<ul><li>4. If Amendment, Date Original Filed(Month/Day/Year)</li></ul>				below) below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person													
											GREENVILLE SC 29601 — Form filed by M								ore than One Reporting	
																		Person		
(City)	(State)	(Zip) Ta	ble I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned											
1.Title of	2. Transaction Date						5. Amount of	6. Ownership												
Security	(Month/Day/Year)	Execution Date, i	· · · · ·			Securities	Form: Direct													
(Instr. 3)		any (Month/Day/Year	Code (Instr. 8)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			•	(D) or Indirect (I)	Beneficial Ownership											
		× 2				Following	(Instr. 4)	(Instr. 4)												
			(A)			Reported Transaction(s)														
			~		or		(Instr. 3 and 4)													
Common			Code V	Amount	(D)	Price	``````````````````````````````````````													
Common Stock, \$.01	12/10/2014		А	1,875	А	\$0	7,125	D												
Par Value	12/10/2014		11	1,075	11	ψυ	7,120	D												

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Addro	ess	Relationships							
	Director	10% Owner	Officer	Other					
STATON SR ROBERT E 322 S. MAIN STREET GREENVILLE, SC 29601	Х								
Signatures									
/s/Deborah H. Merrill	12/11/2014								
**Signature of Reporting Person	Date								

## **Explanation of Responses:**

\* 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. 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.