FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Campbell Thomas E | | | | | | 2. Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM] | | | | | | | | | ationship of Reporting k all applicable) Director Officer (give title below) SeniorVP Law & C | | • () | Issuer Owner | |
|--|---|--|---------|---|---|---|--|-------------------------|--|--|--------|---------------|--|---|--|--|--|---|--|
| (Last) (First) (Middle) 222 PIEDMONT AVENUE, NE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2009 | | | | | | | | | X | | | belov | Other (specify below) General Counsel | |
| (Street) ATLANT | A GA 30308 (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Form | lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | Year) i | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | | | | 4 and Secui | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | • | Repor Trans | | (111341 - 4) | (111541. 4) | |
| Common | Stock | | | 03/31/20 | 09 | | | A ⁽¹⁾ | V | 440 | A | \$5.245 | | 16,573 | | D | | | |
| 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) | Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | Code (I | sinsaction de (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Purchase of shares under the Oxford Industries, Inc. Employee Stock Purchase Plan, in an exempt transaction pursuant to Rule 16b-3(c).
- $2. \ Shares \ acquired \ under \ this \ Plan \ are \ purchased \ at \ a \ 15\% \ discount \ on \ the \ closing \ market \ price \ on \ the \ last \ day \ of \ the \ purchase \ period.$

Remarks:

/Suraj A Palakshappa/Attorney-In-Fact 04/02/2009 for Thomas E Campbell

** 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.