FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

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

| 1. Name and Address of Reporting Person* GRASSMYER SCOTT | | | | | <u>OX</u> | 2. Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM] | | | | | | | | | | olicable) | ng Person(s) t | o Issuer o Owner |
|--|--|---------|----------|-------------|--|--|---------|--------------------------------------|-------|-------|---|---------------|--|---------|---|--|-----------------------------|---------------------|
| (Last) | (Fin | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/06/2016 | | | | | | | | X | belov | , | Oth belo ncial Office | , |
| 999 PEACHTREE ST NE | | | | | | | | | | | | | Cinci i manerar Officer | | | | | |
| SUITE 688 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form | filed by One | Reporting P | erson |
| ATLANT | 'A GA | 3 | 30309 | | | | | | | | | | | | Form Pers | • | e than One F | eporting |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | | Table | e I | - Non-Deriv | ative | Secu | ırities | s Ac | quire | d, Di | isposed o | f, or E | Benefici | ally | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , 1 | Transaction Disposed Of Code (Instr. | | | Acquired (A) o (D) (Instr. 3, 4 a | | ınd 5) Secui | | ficially ed | 6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4) | | |
| | | | | | | | | ď | Code | v | Amount | (A) or (D) | Price | | Repo Trans | | , | , , |
| Common Stock 09/06/2016 | | | | 5 | | | S | | 4,000 | D | \$70.26 | 0.2665(1) | | ,202.89 | 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) | rivative curity or Exercise Price of Derivative Security Date (Month/Day/Year) Month/Day/Year | | | Code | saction le (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amoun or Numbe of Title Shares | | of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D or Indire (I) (Instr. 4) | Beneficial Ownership | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$70.24 per share to \$70.64 per share. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

/Suraj A Palakshappa/Attorney-In-Fact 09/08/2016 for Scott Grassmyer

** 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.