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* Beaumont Scott A | | | | | | Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | eck all ap Dire | nip of Reportin plicable) ctor cer (give title | 10 | to Issuer % Owner er (specify | |
|--|--|---------|-------------|---|------------|---|---------------------------|--|--|--------------|--|-------------------|--|--|---|---|---|---|--|
| (Last) (First) (Middle) | | | | | 06/30/2015 | | | | | | | | | | belo | , | | ow) | |
| 999 PEACHTREE ST NE | | | | | | | | | | | | | | | CEO | , LILLY PU | ILITZER (| ROUP | |
| SUITE 688 | | | | | | 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 Person | | | | |
| ATLANT | TLANTA GA 30309 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | ľip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - I | Non-Deriv | ative S | Secu | ritie | s Acc | quired, | Dis | posed o | f, or | Bene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | /Year) i | Execution Date, | | | Transaction Disposed Of (D Code (Instr. 5) | | | | s Acquired (A) or of (D) (Instr. 3, 4 and | | nd Secu Bene Own | Securities Beneficially Owned | | p 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Repo Tran | orted saction(s) r. 3 and 4) | (Instr. 4) | (, | |
| Common Stock 06/30/20 | | | | | | 15 | | | A | V | 97(1) | | A : | \$74.3 | 33 | 1,812 | 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) | erivative Conversion Date Execution D ecurity or Exercise (Month/Day/Year) if any | | ıtion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secur Acqu (A) or Dispo | r osed) r. 3, 4 | 6. Date Exerc Expiration Do (Month/Day/) | | ate (ear) | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | str. ount nber | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Insti | Beneficial Ownership ect (Instr. 4) | | |

Explanation of Responses:

1. Purchase of shares under the Oxford Industries, Inc. Employee Stock Purchase Plan at a 15% discount on the closing market price on the last day of the purchase period.

Remarks:

/Suraj A Palakshappa/ Attorney-In Fact for Scott A Beaumont

07/21/2015

** 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.