SEC Form 5

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FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I

03/13/2023

Date

Amount or Number

of Shares

/s/ Suraj A. Palakshappa,

** Signature of Reporting Person

Title

Attorney-in-Fact

OMB Number:	3235-0362
Estimated average b	ourden
hours per response:	1.0

Form 3 Holdings Reported. \Box

Explanation of Responses:

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

☐ Form 4	Transactions	Reported.	1 1100	d pursuant to S or Section 3	30(h) (of the Invest	ment Company A	ct of 194	40					
1. Name and Address of Reporting Person* <u>SMITH CLARENCE H</u>			2. Issuer Name and Ticker or Trading Symbol <u>OXFORD INDUSTRIES INC</u> [OXM]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> 5101111</u>	I ULARE	<u>INCE H</u>					L		1	X Dire	ctor		10%	6 Owner
(Last) 999 PEA	(Fir CHTREE S	st) (STREET, N.E., S	Middle) SUITE 688	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/28/2023					y/Year)	Offic belo	er (give titl w)	e	Oth belo	er (specify ow)
(Street) ATLAN	ΓA GA	A 3	30309	4. If Amendr	ment,	, Date of Oriç	ginal Filed (Month	n/Day/Ye		ine) X Forn	r Joint/Gro n filed by O n filed by M	Dne Rep	porting P	
(City)	(Sti	ate) (.	Zip)							Pers				
		Table	I - Non-Deriva	ative Secur	rities	s Acquire	ed, Disposed	of, or	Benefic	ially Owr	ned			
, , , , , , , , , , , , , , , , , , , ,		2. Transaction				1							7. Nature of Indirect Beneficial	
		3)	Date (Month/Day/Year)	Execution Date	e,	3. Transaction Code (Instr.	4. Securities Act Of (D) (Instr. 3, 4		A) or Dispos	Securit Benefic	es ially		Direct	Indirect Beneficial
		3)	Date	Execution Date	e,	Transaction			A) or Dispos	Securiti Benefic Owned Issuer's	es ially at end of	Owne	Direct	Indirect
Common		s)	Date	Execution Date	e,	Transaction Code (Instr.	Of (D) (Instr. 3, 4	(A) or		Securiti Benefic Owned Issuer's Year (In 4)	es ially at end of Fiscal	Owne Form: (D) or Indire (Instr.	Direct	Indirect Beneficial Ownership
Common		, 	Date (Month/Day/Year) 11/16/2022 ble II - Derivat	Execution Data if any (Month/Day/Ye	ties	Transaction Code (Instr. 8) G Acquired	Of (D) (Instr. 3, 4 Amount 989	(A) or (D) D Df, Or E	Price \$0 Beneficia	Securiti Benefic Owned Issuer's Year (In 4) 17 ally Owne	es ially at end of Fiscal str. 3 and ,114	Owne Form: (D) or Indire (Instr.	: Direct ct (I) . 4)	Indirect Beneficial Ownership

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.

(A) (D) Date Exercisable

Expiration Date