FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | | |

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* Lanier J Reese Jr 2. Date of Event Requiring Statement (Month/Day/Year) 06/30/2004 | | | | ment | 3. Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM] | | | | | | | |
|---|---------|---------------------------|--|--|--|--|---|---|--|---|---|--|
| (Last) | (First) | (Middle) | | | | ationship of Reporting Pers k all applicable) Director | on(s) to Issuer | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| 222 PIEDMONT AVE., NE | | | | X Officer (give title Other (specify below) below) | | | cify | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | Senior Vice President | | | | X Form filed by One Reporting Person | | | | |
| ATLANTA | GA | 30308 | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | unt of Securities ially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | 53,232 | | D | | | | | |
| Common Stock | | | | | 18,666 | | I | By Trust | | ust | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | d 3. Title and Amount of Securities Underlying Derivative Security (| | | or Exer | | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiratio Date | n Title | • | Amount or Number of Shares | Price of Derivative Security | | Direct (D) or Indirect (I) (Instr. 5) | | |
| Employee Stock Option | | 07/16/2004 ⁽¹⁾ | 07/16/201 | Common Stock | | 2,500 | 10.757 | | D | | | |
| Employee Stock Option 08/15/2004 ⁽²⁾ 08. | | | 08/18/200 | 4 | Common Stock | 5,000 | 26.4 | 14 | D | | | |
| Employee Stock Option 07/15/2004 ⁽³⁾ | | | 07/15/2004 ⁽³⁾ | 07/15/201 | 2 | Common Stock | 4,000 | 11.7 | 25 | D | | |
| Employee Stock Option 07/ | | | 07/10/2004 ⁽⁴⁾ | 07/10/200 | 4 | Common Stock | 1,000 | 8.62 | 25 | D | | |

Explanation of Responses:

- 1. The original grant was for 2,500 shares, of which 1,000 shares have vested prior to the date hereof and are excerisable. The remaining 1,500 shares vest in 500 increments on 7/16/2004, 7/16/2005 and 7/16/2006.
- $2. These \ original \ 5,000 \ shares \ vest \ annually \ in \ 1,000 \ share \ increments \ beginning \ on \ 8/18/2004 \ with \ the \ final \ vesting \ on \ 8/18/2008.$
- 3. The original grant was for 4,000 shares of which 800 shares have vested prior to the date hereof and are exercisable. The remaining 3,200 shares vest in 800 share increments on 7/15/2004, 7/15/2005, 7/15/2006 and 7/15/2007.
- $4. These \ original \ 1,000 \ shares, of \ which \ 600 \ shares have vested \ prior \ to \ the \ date \ hereof \ and \ are \ execerisable. The remaining \ 400 \ shares vest in 200 \ share increments \ beginning \ on \ 7/10/2004 \ and \ 7/10/2005.$

Remarks:

/Mary Margaret Heaton/

Attorney-in-Fact for J. Reese 07/12/2004

Lanier, Jr.

** 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 5 (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.