FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF | CHANGES | IN BE | NEFICIAL | OWNE | RSHIP |
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OMB APPROVAL OMB Number: Estimated average burden 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

| Name and Address of Reporting Person* <u>Chubb Thomas Caldecot III</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM] | | | | | | | | | heck all ap Dire | pplicable) ector | | Owner |
|----------------------------------------------------------------------------------------------------|----------------------------------|------|------------------------|--------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|-------------------------------------------|----------|----------------------------------------------------------------|-----------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| (Last) 222 PIEI | (First) (Middle) EDMONT AVE., NE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2005 | | | | | | | | | ^ bel | , | belo Vice Presider | <i>'</i> |
| (Street) ATLANT (City) | | | 80308 Zip) | | 4. If | Ame | ndment | , Date o | f Original | Filed | (Month/Da | ay/Year |) | | ne) <mark>X</mark> Foi Foi | m filed by On | p Filing (Check e Reporting Pe re than One Re | rson |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acc | quired, | Dis | oosed o | f, or | Bene | eficia | ally Owr | ed | | |
| Date | | | | action 2A. Deemed Execution Day/Year) and (Month/Day/Y | | n Date, | e, Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd Secu Bene | nount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | | Amount | (<i>A</i> | A) or O) | Price | Trans | saction(s) :. 3 and 4) | | (11150.4) | |
| Common Stock 08/2 | | | | 08/15 | 5/2005 | /2005 | | A | | 3,000 A | | (1) | | 5,233 | D | | | |
| | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | y Owne | t | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | ve derivative Securities | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of Sha | nber | | | | |

Explanation of Responses:

1. The shares reported are restricted shares.

Remarks:

/Mary Margaret Heaton/Attorney-In-Fact for Thomas Caldecot Chubb III

08/17/2005

** 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.