## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	205/10
Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average burden										
hours per response:	1.0									

Term 2 Holdings Deported

Instruction 1(b)

U Form 3 Holdings F	сропса.														
Form 4 Transaction	ns Reported.	File	ed pursuant to or Section					ities Excha ompany Ac							
1. Name and Address of Reporting Person*  LANIER J REESE SR				2. Issuer Name <b>and</b> Ticker or Trading Symbol OXFORD INDUSTRIES INC [ OXM ]						5. Relationship of Reportin (Check all applicable) X Director			( )	Issuer Owner	
(Last) 999 PEACHTRE	(First) E ST NE	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/02/2013				Year)	Officer (give title below)			Othe belo	r (specify w)		
SUITE 688			4. If Amen	dment	, Date	of Orig	ginal File	d (Month/D	ay/Yeaı		ine)	or Joint/Gro			
(Street) ATLANTA	GA	30309	_								Fo	rm filed by C rm filed by N rson			
(City)	(State)	(Zip)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
[		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.					or Disposed	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or	ership n: Direct	7. Nature of Indirect Beneficial Ownership
			(e.ia.i.zay.	,	9,		Amour	nt	(A) or (D) Price		Issue	Issuer's Fiscal Year (Instr. 3 and			(Instr. 4)
Common Stock		11/01/2012			G	j	36,	000(1)	D	\$0	1	27,182		D	
Common Stock											3	5,000 <sup>(1)</sup>		I	By CRT
Common Stock												500 <sup>(2)</sup>		I	By Spouse
Common Stock											7	5,899 <sup>(2)</sup>		I	By Trust
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)  Convers or Exerc Price of Derivativ Security	se (Month/Day/Yea	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derive Secu Acque (A) of Dispersion	erivative curities equired () or sposed (D) (str. 3, 4 d 5)		Date Exercisable and control part (printion Date from the part (printing to the part (pr		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbo of Title Shares		8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. On November 1, 2012, the reporting person contributed 36,000 shares of the Issuer's common stock to a charitable remainder trust of which the reporting person is a trustee and of which the reporting person and his wife are beneficiaries. The reporting person continues to report beneficial ownership of all of the Issuer's common stock held by the trust but disclaims beneficial ownership except to the extent of his and his wife's pecuniary interest therein.
- 2. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

/Suraj A Palakshappa/Attorney-In-Fact 03/15/2013 for J. Reese Lanier

\*\* 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.