FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| o Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| netruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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>Trauber Robert S.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM] | | | | | | | | | ationship of Reportir all applicable) Director | | 10% Ov | | vner |
|--|--|---|---------|---|----------------|---|---------------------|--|--------------------|--------|---|--------|---|---------------------------|---|-----|---|--|--------|
| (Last) 999 PEA | (Fir | st) (f STREET, N.E., S | Middle) | 688 | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023 | | | | | | | | | | | | Other (s below) Y WAS | вреспу |
| (Street) ATLAN | | | | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable b) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or B | enefic | ially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day. | | | | | Execu | Deemed cution Date, ly nth/Day/Year) | | | | | s Acquired (A) of f (D) (Instr. 3, 4 | | | Securi Benefi Owned | 5. Amount of Securities Beneficially Dwned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/31/2 | | | | | 2023 | | | | Α | V | 271(1) | A | \$89. | 9.752 | | 271 | | 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 Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

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.

/s/ Suraj A. Palakshappa, 04/10/2023 Attorney-in-Fact

** 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.