FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasiiiigton, | D.C. | 20548 |
|--------------|------|-------|
| | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

11. Nature

| obligations ma Instruction 1(b) | y continue. See | Filed p | ursuant to Section 16 | (a) of the | e Seci | urities Exchan | f 1934 | ho | urs per response: | 0.5 | | |
|---|-----------------|--------------|--|---|---|-------------------|---|---|---|--|---|---|
| | | | | or Section 30(h) of the | | | | | | | | |
| 1. Name and Addr GRASSMY (Last) OXFORD INC PO BOX 5460 | (First) USTRIES | <u> </u> | 2. Issuer Name and TOXFORD IND 3. Date of Earliest Tra 03/31/2010 | <u>UST</u> | RIES | <u>S INC</u> [0: | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne X Officer (give title Other (special below) below) Senior VP and CFO | | | | |
| | | | I. If Amendment, Date | of Orig | jinal F | iled (Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) ATLANTA | GA | 30308 | | | | | | Line) | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | Table I - N | Non-Derivati | ve Securities A | cquire | ed, D | isposed o | f, or B | eneficially | Owned | | |
| Date | | | 2. Transaction Date (Month/Day/Yea | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | 5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | | 03/31/2010 | + | Δ(1) | 17 | 248 | (D) | \$17.2805 ⁽²⁾ | (Instr. 3 and 4) | D | | |
| -сопшнов этоск | | 1 05/51/2010 | 1 | I A(1) | 1 V | ı 248 | ı A l | 1 3 0 1 / . 2805 (2) | 1 42.900.89 | 1 1) | 1 | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

5. Number 6. Date Exercisable and 7. Title and

| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------|---|--------------------------|---|-----------------------------------|---|--|-----|-------------------------------------|------------|---|------------------------------|--------------------------------------|--|---|--|
| | | | | Code | v | (A) | (D) | Date Evercisable | Expiration | Title | Amount or Number of | | | | |

Explanation of Responses:

1. Title of 2.

- 1. Purchase of shares under the Oxford Industries, Inc. Employee Stock Purchase Plan in an exempt transaction pursuant to Rule 16b-3(c).
- 2. Shares acquired under this plan are purchased at a 15% discount on the closing market price on the last day of the purchase period.

/Suraj A

Palakshappa/Attorney-In-Fact 04/05/2010

8. Price of 9. Number of 10.

for Scott Grassmyer

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

3A. Deemed

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

3. Transaction

** 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.