FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OMB APPROVAL | | | | | | | | |
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| OMP Number: | 2225.02 | | | | | | | |

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or Sec | 11011 30(11) | or the r | nvesimen | COII | ipany Act | 01 1940 | , | | | | | | | |
|--|---|---|--|----------|---|--|--|--|-------|------------------|--|---|---|---|---|---|--|--|--|
| | | | | | | 2. Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) 999 PEA | (Fi CHTREE S | rst) (| Middle) | | 3. Date of Earliest Transaction (Mo 03/16/2016 | | | | | Day/Year) | | | 2 | Offic | | | Owner (specify) | | |
| (Street) ATLANT | ГА GA | | 80309 Zip) | | 4. If Am | endment | , Date o | f Original | Filed | (Month/Da | ay/Year |) | Line | 6. Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative S | ecuritie | s Acc | quired, | Disp | osed o | f, or | Bene | ficiall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/L | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | Securi Benefi | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | v | Amount | () | A) or D) | Price | Transa | action(s) 3 and 4) | | (111501.4) | | |
| Common | Stock | | | 03/16 | /2016 | | | A | | 4,895 | 5 | Α | \$0 ⁽¹⁾ | 36,098 D | | | | | |
| | | Та | ble II - C | | | | | | | sed of, onvertib | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Month/Day/Yeat) if any (Month/Day/Yeat) | | Date, | 4. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | | | or | | | | | | | |

Explanation of Responses:

1. These securities consist of restricted shares granted under the Oxford Industries Long-Term Stock Incentive Plan in respect of both (1) a performance award approved in March 2015 in respect of the Issuer's financial performance during its fiscal year ended January 30, 2016, and (2) a service-based award. These securities are subject to the terms and conditions of the applicable grants, including continued employment with the Issuer through the applicable vesting date.

Date Exercisable

Remarks:

/Suraj A

Title

Shares

Expiration

<u>Palakshappa/Attorney-In-Fact</u> 03/18/2016 for Thomas E Campbell

** 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).

Code

(A) (D)

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.