FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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 Section 30(h) of the Investment Company Act of 1940

											<u> </u>											
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol OXFORD INDUSTRIES INC [OXM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Chubb Thomas Caldecot III						OZE ORD INDOUTRED INC [OAW]										Direc	ctor	:	.0% C)wner		
,					_									_	X	Office	er (give title			(specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov	. ,			۱ ا		
222 PIEDMONT AVE., NE					08/03/2006											E	Executive V	ice Presi	dent			
222 PIEL																						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line)								
ATLANT	ΓA GA 30308													X Form filed by One Reporting Person					on			
																	n filed by Mor	e than On	e Rep	orting		
(City)	(City) (State) (Zip)		Zip)													Pers	on					
		Tab	le I - Nor	n-Deriva	ative	Sec	curitie	s Acc	quired,	Dis	oosed o	f, or	Bene	eficia	ally (Owne	ed					
1. Title of S	Security (Inst	2. Transa	action	n 2A. Deemed			3. 4. Securities Acquired (A					(A) or		5. Amo	ount of	6. Owners	hip	7. Nature				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,		Date		Execution Date,					l Of (D) (Instr. 3, 4			4 and Securi Benefi				orm: Direct D) or Indirect	of Indirect Beneficial			
				(Month/E		if any (Month/Day/Yea		Code (Instr. 5) ar) 8)								l Following		(I) (Instr. 4)	Ownership			
												(4) 01			\dashv	Reported Transaction(s)			(Instr. 4)			
										l۷	Amount	- [8	(A) or (D) Pri		۱ ا	(Instr. 3 and 4)						
Common	/2006 08/03/2006		/2006	A		1,334	1	A	(1)		7,285		D									
		Ta	able II - D)erivati	ve Se	ecu.	rities	Acaui	ired. Di	isno	sed of	or B	enefi	cially	v Ov	vned						
											onvertib				,							
1. Title of	2.	3. Transaction	3A. Deeme		4.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities				ice of	9. Number o			11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I if any (Month/Day		Transad Code (I										Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of	(WiontinDayrrear))		Securities						Underlying		(Instr. 5)		Beneficially		Direct (D)	Ownership		
	Derivative							ired		Derivative Security (Instr. and 4)			3		Owned Following Reported	or Ind		(Instr. 4)				
	Security						(A) or Disposed					str. 3				(i) (ins	(I) (Instr. 4)					
						of (D) (Instr. 3, 4 and 5)						,				Transaction	(s)					
															(Instr. 4)							
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													or	ount								
									Data	١.	· · · · · · · · · · · · · · · · · · ·			nber								
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Sha	res								

Explanation of Responses:

1. These shares are issued pursuant to the Oxford Industries, Inc. Long Term Incentive Plan and are restricted shares.

Remarks:

<u>/Mary Margaret</u> <u>Heaton/Attorney-In-Fact for</u> <u>08/07/2006</u> <u>Thomas Caldecot Chubb III</u>

** 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.