**Section 16(a) of the Securities Exchange Act of 1934**

**Statement of Changes in Beneficial Ownership**

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

**Form 4**

**United States Securities and Exchange Commission**

**Washington, D.C. 20549**

1. **Name and Address of Reporting Person**
   
   **TUGGLE CLYDE C**
   
   999 PEACHTREE STREET, N.E., SUITE 688
   
   ATLANTA, GA 30309

2. **Issuer Name and Ticker or Trading Symbol**
   
   **OXFORD INDUSTRIES INC [ OXM ]**

3. **Date of Earliest Transaction (Month/Day/Year)**
   
   **06/30/2020**

4. **If Amendment, Date of Original Filed (Month/Day/Year)**
   
   **06/30/2020**

5. **Relationship of Reporting Person(s) to Issuer**
   
   **X Director**

6. **Individual or Joint/Group Filing (Check Applicable Line)**
   
   **Form filed by One Reporting Person**

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>06/30/2020</td>
<td></td>
<td>1,704 A</td>
</tr>
</tbody>
</table>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Derivative Security</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
</table>

**Explanation of Responses:**

1. The securities reported constitute restricted shares granted by the Issuer under the Oxford Industries, Inc. Long Term Stock Incentive Plan relating to the reporting person’s annual retainer as a non-employee director of the Issuer.

/s/ **Suraj A. Palakshappa**  
**Attorney-in-Fact**  
07/02/2020

**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).


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.