FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

5. Relationship of Reporting Person(s) to Issuer

X_ Director

(Check all applicable)

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

1. Name and Address of Reporting Person *

(Print or Type Responses)

KANE JAMES F

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

DELTA APPAREL INC [DLA]

3524 WOLF CIRCLE (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/28/2003									Offic	cer (give title be	elow) (Other (specify be	elow)	
(Street) COLUMBIA, SC 29204					4. If Amendment, Date Original Filed(Month/Day/Year)										6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City	(City) (State) (Zip) Table I - No								on-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	Execution Date, if			Code (Inst	e	ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following n(s)	` /	7. Nature of Indirect Beneficial Ownership		
							Co	ode	V	Amou	,	A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock, \$.	01 Par Value	08/28/2003				1	A		346	A	١	\$0	9,220			D		
			Table II -		ative S			cquii	this f curre	orm an ently va	re not alid O d of, o	t requi OMB c or Ben	ired to contro reficia	respond l number lly Owne	unless the	ation contained form displays		1474 (9-02)	
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Date	4. Transaction Code		5 (((((((((((((((((((5.		6. Dat and E	e Exercisable xpiration Date h/Day/Year)		le ate	7. Tit Amo Unde Secur	le and 8. unt of Derlying S	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
					Code	V	(A)		Date Exerc	isable	Expir Date	ration	Title	or Number of Shares					
Repor	ting O	wners																	

Signatures

KANE JAMES F 3524 WOLF CIRCLE

COLUMBIA, SC 29204

Reporting Owner Name / Address

/s/ Kane, James F.	09/03/2003				
***Signature of Reporting Person	Date				

Explanation of Responses:

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

Relationships

Other

Officer

10% Owner

Director

Χ

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Remarks:

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.