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

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

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

| 1. Name and Address of Reporting Person *- HUMPHREYS ROBERT W | | | | | 2. Issuer Name and Ticker or Trading Symbol DELTA APPAREL INC [DLA] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|----------------|---|--------------------|--|------------|---|---|--------------------------|--|--|--|--|--|-------------------|-------------|
| 2750 PREMIERE PARKWAY, SUITE 100 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2005 | | | | | | | _X_ Off | icer (give title b | President and C | Other (specify be | elow) |
| (Street) | | | | 4. I | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | |
| DULUTH, GA 30097 | | | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | Exe ar) any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | 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) | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | | | |
| | | (111) | | | Code | V | Amou | (A) or (D) | Price | (mstr. 3 | (| | or Indirect (I) (Instr. 4) | (Instr. 4) | | |
| Common Stock, \$.01 Par Value | | 01/18/2005 | | | | S | | 500 | D | \$ 25.22 | 126,716 | | D | | | |
| Common Stock, \$.01 Par Value | | 01/19/2005 | | | | S | | 2,500 | D | \$ 25.22 | 124,21 | 124,216 | | D | | |
| | | | r each class of sec | II - Der | rivative Secu | rities | Acquii | Persethis for current | ons who form ar ently va | o respond re not requalid OMB | iired to contro neficia | respond l number lly Owne | l unless the : | ntion contained form displays | | 1474 (9-02) |
| 1. Title of | 2 | 3. Transaction | a 3A. Deeme | | , puts, calls, | warr 5. | ants, o | | | | 1 | le and | 8 Price of | 9. Number of | 10. | 11. Nature |
| Derivative Conversion D | | | Execution I any | Execution Date, if | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Unde Secur | unt of orlying rities . 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | | |
| | | | | | Code V | (A) | (D) | Date Exerc | | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| HUMPHREYS ROBERT W 2750 PREMIERE PARKWAY SUITE 100 DULUTH, GA 30097 | X | | President and CEO | | | | | |

Signatures

| /s/ Humphreys, Robert W. | 01/19/2005 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

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.