FORM 4

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

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

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

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|--------------------------------------|---|--|---|---|----------------|--|----------------------|---|------------|-----------------------------------|---|--|--|---|---|--|
| 1. Name and Address of Reporting Person *- WATSON MARTHA M | | | | | 2. Issuer Name and Ticker or Trading Symbol DELTA APPAREL INC [DLA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| 2750 PREMIERE PARKWAY, SUITE 100 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2005 | | | | | | | | - | X_Officer (give title below)Other (specify below) V.P Human Resources | | | | | |
| (Street) DULUTH, GA 30097 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (Cir | ty) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | ed | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year |) any | utior | ned n Date, Day/Ye | if Cod (Ins | (Instr. 8) | | 4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5) | | of (D) Owned Transac | | Amount of Securities Beneficially wined Following Reported ansaction(s) istr. 3 and 4) | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | C | Code | V | Amount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common | Stock, \$.0 | 01 Par Value | 02/23/2005 | | | | | M | | 12,000 | A | \$ 6.13 | 20,182 | | | D | | |
| | | | Table II | | | | | Acquire | ed, Dis _l | posed of | | eficially (| Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | (e.g., put 4. Transaction Code | | 5. Number of Derivative Securities Acquired (A or Disposed of (D) (Instr. 3, 4, | | of 6. Date Exe Expiration (Month/Day d | | Date | | • | | | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | and 5 | (D) | Date Exerc | isable | Expir Date | ation | Title | Amor or Numl of Share | per | Transaction(s) (Instr. 4) | (I) (Instr. 4) | | |
| Stock Option - Right to Buy | \$ 6.13 | 02/23/2005 | | M | | | 12,000 | 10/18 | 8/200 | 1 10/1 | 8/2005 | Comm Stock \$.01 P Value | c, ar 12,0 | 00 \$0 | 0 | D | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | |

Other

Signatures

SUITE 100

Reporting Owner Name / Address

WATSON MARTHA M 2750 PREMIERE PARKWAY

DULUTH, GA 30097

| /s/ Watson, Martha M. | 02/25/2005 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

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

Director

10% Owner

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

Relationships

V.P. - Human Resources

Officer

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.