FORM -	4
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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).

(Print or Type Perpenses)

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

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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 Type Responses)												
1. Name and Address of Re Merrill Deborah H	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 PAR	(First) RKWAY, SUIT	E 100	3. Date of Earliest Transaction (Month/Day/Year) 08/28/2009					_X_Officer (give title below)Other (specify below) VP CFO and Treasurer				
DULUTH, GA 30097	(Street)		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				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu						irred, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code(A) or Disposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			isposed of	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$.01	Par Value	08/28/2009		М		600	А	\$ 0.01	15,148	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tion	n Number E		Expiration Dat	Expiration Date		of Underlying		Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Y	ear)			Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deri	vative	· · · · · ·		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative						rities					2	(Instr. 4)		
	Security					· ·	uired						0	Direct (D)	
						(A) (*	or Indirect	
						•	osed						Transaction(s)	· · /	
						of (L	· ·						(Instr. 4)	(Instr. 4)	
						(Inst 4, an									
					-	4, an	u <i>5)</i>		[
											Amount				
								Date	Expiration		or				
								Exercisable	Date		Number of				
				Code	v	(A)	(D)				Shares				
				Couc	v	(A)	(D)				Shares				
Incentive										Common					
Stock										Stock					
Award -	\$ 0.01	08/28/2009		Μ			600	08/28/2009	08/28/2009	\$.01 Par	600	\$ 0	0	D	
Right to										Value					
Buy										value					

Reporting Owners

Banasting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Merrill Deborah H 2750 PREMIERE PARKWAY SUITE 100 DULUTH, GA 30097			VP CFO and Treasurer				

Signatures

/s/ Deborah H. Merrill	09/01/2009
**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.