FORM 4	4
--------	---

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

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

OMB APPROV	VAL
OMB Number:	3235-0287
Estimated average burde	n hours
per response	0.5

### 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 Spires Kenneth D	porting Person <sup>*</sup>		2. Issuer Name and Ticker or Trading Symbol DELTA APPAREL INC [DLA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below)Other (specify below) President, MJ Soffe, LLC			
2750 PREMIERE PAR	(First) KWAY, SUIT	E 100	3. Date of Earliest Transaction (Month/Day/Year) 08/28/2009								
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 Acquired, 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)			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 I	Par Value	08/28/2009		М		672	А	\$ 0.01	73,728	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 Exerci	sable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	Num	ber	Expiration Dat	ie	of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Y	ear)	Securities		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							5	(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>		-		1				
											Amount				
								Date	Expiration		or				
								Exercisable	Date		Number				
				Code	v	(A)	(D)				of Shares				
				Code	v	(A)	(D)				Shares				
Incentive										Common					
Stock										Stock					
Award -	\$ 0.01	08/28/2009		Μ			672	08/28/2009	08/28/2009	\$.01 Par	672	\$ 0	0	D	
Right to										Value					
Buy										value					

## **Reporting Owners**

Departing Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Spires Kenneth D 2750 PREMIERE PARKWAY SUITE 100 DULUTH, GA 30097			President, MJ Soffe, LLC				

### Signatures

/s/ Deborah H. Merrill, POA	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.