## 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

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 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 *- COCHRAN JAMES A				2. Issuer Name and Ticker or Trading Symbol DELTA APPAREL INC [DLA]							ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
2750 PR		PARKWAY,	SUITE 100		ate of Ea 27/201		st Tra	nsactio	n (M	onth/Da	ay/Y	ear)			cer (give title be		Other (specify be	elow)
DULUTH, GA 30097			4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							ay/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)						
(City	()	(State)	(Zip)				Table	I - No	n-De	rivativ	e Se	curities	s Acqu	iired, Dis	posed of, or	r Beneficially	Owned	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	Exec any	Deemed cution Da	ŕ	f Co (In	Γransaα de str. 8)	etion	(A) or	Dis	es Acqu posed o and 5)		Benefici	int of Securially Owned d Transaction and 4)	Following	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
								Code	V	Amou	ınt	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Value	Stock, \$.0	)1 Par	01/27/2010					S		4,500	0 1	D \{\frac{9}{1}	§ 12.5	1,000			D	
Common Value	Stock, \$.0	)1 Par	01/27/2010					S		557	I	D \{\frac{9}{1}	§ 12.47	443			D	
Common Value	Stock, \$.0	)1 Par	01/27/2010					S		443	I	$D = \begin{bmatrix} 9 \\ 1 \end{bmatrix}$	§ 12.7	0			D	
Reminder:	Report on a s	separate line fo	or each class of securi						Pers this curr	ons wh form a ently v	no re re no alid	ot requi	ired to contro	respond I number	l unless the :	ation containe form displays		1474 (9-02)
			Table II -		vative S , puts, ca										d			
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/	Execution Dat	te, if	4. Transact Code	tion	5. Num of	ber vative rities prosed b) c. 3,	6. Da and I	nte Exer Expirati nth/Day	rcisa ion E	ble Date	7. Tit Amor Unde Secur	le and unt of rlying rities : 3 and	8. Price of 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
					Code	v	(A)		Date Exer	cisable	_	oiration te	Title	Amount or Number of Shares				

### **Reporting Owners**

Panarting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer Other			
COCHRAN JAMES A 2750 PREMIERE PARKWAY SUITE 100 DULUTH, GA 30097	X					

### **Signatures**

**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.