FORM 4

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

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

1. Name and Address of Reporting Person *

(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

2. Issuer Name and Ticker or Trading Symbol

COCHRAN JAMES A			DELTA APPAREL, INC [DLA]								(Check all applicable) X Director 10% Owner							
2750 PREMIERE PARKWAY, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 09/28/2012									cer (give title be		Other (specify be	elow)		
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 Person Form filed by More than One Reporting Person						
(City	")	(State)	(Zip)			Tal	ble I -	Non	ı-Deriva	ative S	Securitie	s Acq	nired, Disposed of, or Beneficially Owned					
(Instr. 3) Dat		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year		e, if	(Instr. 8)		(A	Securities Acquired A) or Disposed of (Dinstr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following n(s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
							Code		V Amount		(A) or (D)	Price	e			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock, \$.0	1 Par Value	09/28/2012				Α		1,	500	A	\$ 0	3,500			D		
			Table II -		ative Secu			uire	currentl ed, Disp	y vali osed o	d OMB	contro neficia	ol number	:	form displays	a		
,		3. Transaction Date (Month/Day/Y	3A. Deemed Execution Dat any (Month/Day/Y	e, if T	ransaction	5. n Nu of De Se Ac (A Di of (In	ımber	6 ai (I	6. Date Exercisable and Expiration Date (Month/Day/Year)		sable Date	7. Ti Amo Unde Secu	Amount		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				(Code V	T (A	A) (D	Е	Date Exercisal		xpiration ate	Title	or Number of Shares					
Renor	ting O	wners																

Signatures

SUITE 100

Reporting Owner Name / Address

COCHRAN JAMES A 2750 PREMIERE PARKWAY

DULUTH, GA 30097

/s/ Deborah H. Merrill POA	10/01/2012
**Signature of Reporting Person	Date

Relationships

Officer

Other

10% Owner

Director

X

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.