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)

STATON SR ROBERT E

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

DELTA APPAREL, INC [DLA]

322 S. M	3. Date of Earliest Transaction (Month/Day/Year) 08/29/2013								cer (give title be		Other (specify be	elow)				
(Street) GREENVILLE, SC 29601				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) 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)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following n(s)	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						Code		V	Amou	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock, \$.0	1 Par Value	08/29/2013			1	A		1,500) A	\$ 0	5,250			D	
				Derivative (e.g., puts, o			-	this fo curre red, Di	orm ar ntly va isposed	re not requalid OMB	uired t contr nefici	o respond ol number ally Owne	l unless the r.	ation contained form displays		1474 (9-02)
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Yo	3A. Deemed Execution Date	4. if Transaction 1 Code aar) (Instr. 8)		5. Number		6. Data	e Exercisable kpiration Date h/Day/Year)		7. Ti Amo Und Secu	ttle and bunt of erlying urities cr. 3 and	8. Price of Derivative Security (Instr. 5)		Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
				Code	V	(A)		Date Exerci		Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners														

Signatures

Reporting Owner Name / Address

STATON SR ROBERT E 322 S. MAIN STREET

GREENVILLE, SC 29601

/s/ Deborah H. Merrill, POA 08/29/2013

**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

X

Relationships

Officer

Other

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).

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.