FORM 4

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

OMB APPROVAL
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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).

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 Reporting Person* Gogue George Jay			2. Issuer Name and Ticker or Trading Symbol DELTA APPAREL, INC [DLA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(Last) (First) (Middle) 322 SOUTH MAIN STREET		3. Date of Earliest Transaction (Month/Day/Year) 11/23/2020					Officer	r (give title belo	ow)C	ther (specify b	elow)		
(Street) GREENVILLE, SC 29601			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow				Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	(Instr. 8)	(4	4. Securities Acquired (A) or Disposed of (Instr. 3, 4 and 5)			D) Beneficially Owned Followi Reported Transaction(s)		following (s)	Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	VA	amount	(A) or (D)	Price	(Instr. 3 ai	or I		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		11/23/2020		A	2	,750	A :	\$ 0	20,375			D	
Reminder: Report on a	separate line for	each class of secur	ities beneficially ow		Person contair	ns who	respon this forr	n are	not requ		ormation spond unles trol number	s	1474 (9-02)
Reminder: Report on a	separate line for	Table II - I	ities beneficially ow Derivative Securities, on the control of th	es Acquire	Person contair the for	ns who ned in m disp	respon this form plays a c	n are curre eficial	not requ	ired to res	spond unles	s	1474 (9-02)
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Table II - I (a 3A. Deemed Execution Dat (any)	Derivative Securities, puts, calls, wa 4. te, if Transaction Code (Instr. 8)	es Acquire rrants, opt	Person contain the form ed, Dispetions, co	ns who ned in m disp	respon this for olays a co , or Bene ble secur sable Date	ficial ities) 7. Ti Amo	not requ	OMB cont	spond unles	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nation of Indirection Benefic Owners: (Instr. 4)
1. Title of 2. Derivative Conversio or Exercis (Instr. 3) Price of Derivative	3. Transaction Date (Month/Day/Y	Table II - I (a 3A. Deemed Execution Dat (any)	Derivative Securities, puts, calls, wa 4. te, if Transaction Code (Year) (Instr. 8)	es Acquire rrants, opt 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Person contain the form ed, Dispetions, co	ns who ned in the median disp osed of, novertile Exercise piration h/Day/Y	respon this forrolays a c , or Bene ble secur sable (Pear)	rn are current eficial ities) 7. Ti Amo Und Secu (Inst 4)	e not requently valid ly Owned itle and ount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersl Form of Derivati Security Direct (l or Indirects)	11. Nat of Indir Benefic Owners : (Instr. 2

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gogue George Jay 322 SOUTH MAIN STREET GREENVILLE, SC 29601	X					

Signatures

/s/ Deborah H. Merrill, POA	11/24/2020
**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.