

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
hours per response	0.5			

INITIAL STATEMENT OF 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 TAYLOR A ALEXANDER II	Statem	2. Date of Event Requiring Statement (Month/Day/Year - 02/11/2016		~	3. Issuer Name and Ticker or Trading Symbol DELTA APPAREL, INC [DLA]					
26 LAMBOLL STREET (Middle)	02/11/	/2016		to Issuer	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give title Other (specify below)			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) CHARLESTON, SC 29401				X Director Officer (give				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 Beneficially Owned								
1.Title of Security (Instr. 4)		Bei		nt of Securities Ily Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu (Instr. 5		ect Beneficial Ownership		
Common Stock		1,2	200		D					
unless the form di	ond to the co splays a cur	ollection of rently valid	inforn I OMI	nation contained in the control number.	his form are no	·	·			
1. Title of Derivative Security (Instr. 4)	2. Date Exe	d Expiration Date onth/Day/Year) Securities Derivative (Instr. 4)		le and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of Derivative Security	on 5. O Form Deri Secu Dire	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Panarting Owners	Exercisable		Titla	Shares		(Inst	· /			

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TAYLOR A ALEXANDER II 26 LAMBOLL STREET CHARLESTON, SC 29401	X					

Signatures

/s/ Justin M. Grow, POA	02/17/2016		
**Signature of Reporting Person	Date		

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.