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

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

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

| STATON SR ROBERT E | | | | | DELTA APPAREL, INC [DLA] | | | | | | | | (Check all applicable)X_ Director10% Owner | | | | | |
|---|-----------|-------------|--|--|--------------------------|--|--------------------------------------|---------------|-------------------|--|------------|--|--|---|--|--|---|--|
| 322 S. MAIN STREET (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2016 | | | | | | | | | | 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) _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 Owned | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code Instr. 8) | | (A) or (Instr. | 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) | | | Benefici | ount of Securities cially Owned Following ed Transaction(s) 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | C: 1 0.0 |)1 D 17 1 | 11/20/2016 | | | | Code | V | Amou | |) Pr \$ | rice | 11 105 | | | (Instr. 4) D | | |
| Common | BIUCK, J. | 1 Par Value | 11/29/2010 | | | | A | | 2,00 | 0 A | Φ | 0 | 11,125 | | | D | | |
| | | | Table II - | | | | | red, D | ispose | | Benefi | icia | • | | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | | 4. Transaction Code | | 5. Nur of Der Sec Acc (A) Disj of (Ins | nber ivative urities quired or posed | 6. Datand E | te Exer | xercisable ation Date ay/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Со | de V | (A) | (D) | Date Exerc | cisable | Expirati Date | on Ti | 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 12/01/2016 Date **Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Director

Χ

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.