FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours 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)

COCHRAN JAMES A

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) 12/10/2014 | | | | | | | | Offi | icer (give title be | elow) | Other (specify be | elow) | | | |
|-----------------------------------|--|--|--|--|-----------------|------------|-------|---|--|--|------------------------------|---|--------------------------------------|--|--|---------------------------------------|
| GREENV | 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 | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Da | f Code (Inst | (Instr. 8) | | on 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) | | | Benefic Reporte | | | | Beneficial Ownership | |
| | | | | Co | Code | | Amou | (A) or (D) | Price | ÷ | | | or Indirect (I) (Instr. 4) | (Instr. 4) | | |
| Common | Stock, \$.0 | 1 Par Value | 12/10/2014 | | | A | 4 | | 1,87 | 5 A | \$ 0 | 6,875 | | | D | |
| | | | | Derivative | | | equir | this fo curre red, Di | orm ai intly va isposed | re not requ alid OMB d of, or Be | iired t contro neficia | o respond ol number ally Owne | l unless the r. | ation contained form displays | | 1474 (9-02) |
| Security | Conversion | 3. Transaction Date (Month/Day/Y | 3A. Deemed Execution Date | 4. Transaction Code (Instr. 8) | | 5. | | 6. Dat and Ex | e Exercisable spiration Date h/Day/Year) | | 7. Ti Amo Undo Secu | ttle and bunt of erlying urities r. 3 and | nt of Derivative Security (Instr. 5) | 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 | (A) (| | Date Exerci | isable | Expiration Date | Title | or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

Signatures

Reporting Owner Name / Address

COCHRAN JAMES A 322 S. MAIN ST

GREENVILLE, SC 29601

/s/Deborah H. Merrill, POA 12/11/2014

**Signature of Reporting Person Date

Explanation of Responses:

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

Relationships

Officer

Other

10% Owner

Director

Χ

** 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.