#### **HUMPHREYS ROBERT W**

Form 4 March 05, 2019

## FORM 4

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

**OMB** Number:

3235-0287

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**OMB APPROVAL** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

5. Relationship of Reporting Person(s) to

Issuer

subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

**SECURITIES** 

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

**HUMPHREYS ROBERT W** 

			DELTA APPAREL, INC [DLA]				(Check all applicable)				
(Last) (First) (Middle)  322 S MAIN STREET		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Chairman and CEO				
(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 Person Form filed by More than One Reporting			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ly Owned			
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution	med	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ties A ispose 4 and (A) or	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock \$0.01 Par Value	03/01/2019			S <u>(1)</u>	390	D	\$ 23.64	542,410	D		
Common Stock \$0.01 Par Value	03/04/2019			S <u>(1)</u>	1,000	D	\$ 23.27 (2)	541,410	D		
Common Stock \$0.01 Par Value	03/05/2019			S <u>(1)</u>	500	D	\$ 24.16	540,910	D		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ctionNu	mber	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8) De	rivative	e		Secur	rities	(Instr. 5)
	Derivative				Sec	curities			(Instr	. 3 and 4)	
	Security				Ac	quired					
					(A)	or or					
					Dis	sposed					
					of (	(D)					
					(In:	str. 3,					
					4, a	and 5)					
										Amaunt	
										Amount	
							Date	Expiration	T:41-	or Namel	
							Exercisable	e Date			
				C 1	37 (A)	(D)				of	
				Code	V (A)	(D)				Shares	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
HUMPHREYS ROBERT W 322 S MAIN STREET GREENVILLE, SC 29601	X		Chairman and CEO					

### **Signatures**

/s/ Humphreys, Robert W. 03/05/2019

\*\*Signature of Reporting Date

Person

# **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).
- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- The price reported in column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from (2) \$23.14 to \$23.52, inclusive. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer and any security holder of the issuer full information regarding the number of shares and price at which the transactions were effected.

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.

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