## Edgar Filing: HOLDER JOHN R - Form 4

HOLDER JC	OHN R											
Form 4	<b>`</b>											
July 02, 2018												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITED	STATE		hington,				commosion	OMB Number:	3235-0287		
Check thi									Expires:	January 31,		
if no long subject to		AENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	2005			
Section 16. SECURITIES									Estimated average burden hours per			
Form 4 or									response	•		
Form 5 obligations 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												
may conti	inue. Section 17(			•	•	· ·			n			
See Instru 1(b).	iction	50(II)	of the m	vestment	Compan	y Aci	1 01 19	40				
1(0).												
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name <b>and</b> Ticker or Trading					ıg	5. Relationship of Reporting Person(s) to						
HOLDER JO	OHN R		Symbol					Issuer				
OXFORD INDUSTRIES INC						k all applicable)						
			[OXM]					(Chee	k an applicable	<i>z)</i>		
(Last)	(Last) (First) (Middle) 3. Date of			Earliest Transaction				XDirector	10% Owner			
				n/Day/Year)				Officer (give below)	title Othe below)	er (specify		
999 PEACH 688	TREE ST NE, S	UITE	06/29/20	018								
				f Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
	G + 20200							_X_ Form filed by 0 Form filed by N	One Reporting Pe Iore than One Re			
ATLANTA,	GA 30309							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat			3. 4. Securities				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)		on Date, if	TransactionAcquired (A) or Code Disposed of (D)				Securities Beneficially	Form: Direct			
(Instr. 5)			any (Month/Day/Year)		(Instr. 3,		·	~	(D) or Indirect (I)	Beneficial Ownership		
					(Instr. 8) (Instr. 3, 4 and 5)			Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or	Duice	(Instr. 3 and 4)				
Common				Code V		(D)	Price \$ 0					
Stock	06/29/2018			А	1,385	А	(1)	20,634.4592	D			

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: HOLDER JOHN R - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director 10% Owner Off		Officer	Other				
HOLDER JOHN R 999 PEACHTREE ST NE SUITE 688 ATLANTA, GA 30309	Х							
Signatures								
/Suraj A Palakshappa/Attorney Holder	07/02/2018							
**Signature of Reportin		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).
- (1) The securities reported constitute restricted shares granted by the issuer under the Oxford Industries, Inc. Long Term Stock Incentive Plan relating to the reporting person's annual retainer as a non-employee director of the issuer.

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.