FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

wasnington, D.C. 20549	OMB APPROVAL				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0			
	Estimated average hurden				

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
nstruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OIVIB APPR	OVAL
OMB Number:	3235-0287
Estimated average bu	rden
hours per response:	0.5

Name and Address of Reporting Person* HOLTZMAN SEYMOUR						2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG]											Check al	l app	hip of Reporting P pplicable) ector icer (give title		erson(s) to Issuer 10% Owner Other (specify		wner
(Last) (First) (Middle) C/O JEWELCOR - 4TH FLOOR 100 N WILKES BARRE BLVD				3. Date of Earliest Transaction (Month/Day/Year) 01/16/2020												pelov			below)				
(Street) WILKES BARRE (City)	PA		18702 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Ap Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person												on .					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yell)				ear)	2A. Deemed Execution Da if any (Month/Day/)		Date,	ate, Tra		ransaction ode (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5				5. Amount of Securities Beneficially Owned Following		y	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	ode V		Am	ount	(A) or (D)	Pri	ice	Transact (Instr. 3		ion(s)		(,
Common Stock, \$0.01 par value				01/16/202	0)		1	5,000	A	\$1.1868(1		4,452,424		424	D			
Common Stock, \$0.01 par value																	339,594		94	I ⁽²⁾		By Jewelcor Management, Inc.	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exe if a	Deemed scution Date, ny onth/Day/Year)			5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		ative ities red sed 3, 4	Expirati (Month/			(ear)	Am Sec Un Dei Sec and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	ive y	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ve ies ially ng ed ction(s)	10. Owner: Form: Direct or Indii (I) (Inst	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	Code V		(A)	(D)	Date Exerci		ble	Expiration Date	n Titl		of Shares									

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.18 to \$1.19, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnote (1) to this Form 4.

2. The Reporting Person is the chairman, chief executive officer and president and, together with his wife, indirectly, the majority shareholder of Jewelcor Management, Inc.

Remarks:

Robert S. Molloy, Attorney-in-01/17/2020 Fact for Seymour Holtzman

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.