FORM 5

Form 3 Holdings Reported.

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington,	D.C.	20549
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response: 1.0								

k, \$0.01 par value k, \$0.01 par value				118,070 265,206 ed, Disposed or ptions, convert			250 Ily Owne	5,206 0,000 d	D D			
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k, \$0.01 par value	10/03/2022		G ⁽¹⁾	118,070	D	\$0	+ -	5,206	D			
					· ·		4)					
		(Month/Day/Year)	8)	Amount	(A) or (D)	A) or D) Price		Fiscal	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
1. Title of Security (Instr. 3) 2. Transaction Date				4. Securities Acquon Of (D) (Instr. 3, 4 a				int of es ially	Ownership Form: Direct	7. Nature of Indirect Beneficial		
		ativo Socuriti	ine Acqui	irod Disposed	of or l	Ronofic						
MA	02021						Form	filed by More than One R				
		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)					
KE STREET		01/20/2023										
,	` ,		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					President and CEO				
(Eirot)	(Middle)	,]								er (specify		
dress of Reporting Persor HARVEY S	ı [*]	2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG										
	(First) ATION XL GROUP, KE STREET MA (State)	(First) (Middle) ATION XL GROUP, INC. KE STREET MA 02021 (State) (Zip) Table I - Non-Derivation Date	2. Issuer Name DESTINA	2. Issuer Name and Ticker DESTINATION X	2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, IN (First) (Middle) ATION XL GROUP, INC. KE STREET 3. Statement for Issuer's Fiscal Year Ended (Month/28/2023) 4. If Amendment, Date of Original Filed (Month/28/2023) Table I - Non-Derivative Securities Acquired, Disposed (Instr. 3) 2. Transaction Date (Month/Day/Year) 24. Deemed Execution Date, If any Transaction Code (Instr. 3, 4.)	2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [D] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/01/28/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) Table I - Non-Derivative Securities Acquired, Disposed of, or Internation (Month/Day/Year) [State] 2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [D] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) [State] 2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [D] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) [State] 3. Transaction Date (Month/Day/Year) [State] 4. Securities Acquired (A) Of (D) (Instr. 3, 4 and 5)	DESTINATION XL GROUP, INC. DXLG	2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. DXLG X Direct X Office X Of	2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. DXLG X Director X Officer (give title below) Presiden	2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. DXLG X Director 109 X Officer (give title below) Director 109 Director 109		

Explanation of Responses:

1. The Reporting Person gifted shares of the Issuer's common stock to an irrevocable trust for the benefit of his family (the "Trust"). The Reporting Person did not retain any ownership, dominion or control over the shares transferred to the Trust, and he is not a trustee or beneficiary of the Trust.

(A) (D) Date Exercisable

Expiration Date

Harvey S. Kanter

Title

01/31/2023

** Signature of Reporting Person

Amount or Number

of Shares

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.