| SEC Form 4 FO | RM 4 | UNITE | | ΓES | SECURITIE | ES A | ND | EXCHAN | IGE C | OMMIS | SION | | | | | |
|---|---------|-------------|------------------------------------|--|--|---|--|------------------------------|--|---------------------------------|--|-----|---|---|--|--|
| | | | Washir | ngton, D |).C. 20 |)549 | | | OMB APPROVAL | | OVAL | | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | DF CHANGE mant to Section 16(a Section 30(h) of the | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] Molloy Robert S | | | | | uer Name and Ticl | | | G] (Check | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) C/O DESTINATION XL GROUP, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2023 | | | | | | | X Officer (give title Other (specify below) Other specify below) General Counsel & Secretary | | | | | |
| 555 TURNPIKE STREET | | | | | Amendment, Date o | al File | d (Month/Day/ | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) CANTON | MA | 02021 | | | | | | | | | | · | than One Repo | | | |
| (City) | (State) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | X Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | |
| | | Table I - N | on-Deriva | ative | Securities Ac | quire | d, Di | sposed of | , or Be | neficially | Owned | | | | | |
| Date | | | 2. Transacti Date (Month/Day | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of | Acquired (D) (Instr. | (A) or 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Follow Reported | / F | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | (1150.4) | | |
| Common Stock, \$0.01 par value 12/ | | | | 023 | | М | | 20,000 | A | \$0.69 | 260,409 | | D | | | |
| Common Stock, \$0.01 par value 12/1 | | | | 023 | | S ⁽¹⁾ | | 20,000 | D | \$ 4.0606 ⁽²⁾ | 240,409 | , | D | İ | | |

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 | 3. Transaction Date (Month/Day/Year) | if any | 4. Transaction Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3 4 and 5) | | vative urities uired (A) isposed 0) (Instr. 3, | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|--------|--|---|--|--|---------------------|---|-----------------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Non- Qualified Stock Option (Right to Buy) | \$0.69 | 12/11/2023 | | М | | | 20,000 ⁽³⁾ | 04/01/2022 | 03/08/2031 | Common Stock | 20,000 | \$ 0 | 50,579 | D | |

Explanation of Responses:

1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan that was adopted by the Reporting Person on June 30, 2023.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.01 to \$4.09 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 sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

3. Represents a grant of non-qualified stock options to the Reporting Person on March 8, 2021, under the Company's 2016 Incentive Compensation Plan.

| Robert S. Molloy | |
|----------------------------------|--|
| ** Signature of Reporting Person | |

<u>12/13/2023</u> 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.