FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  MESDAG WILLEM						2. Issuer Name <b>and</b> Ticker or Trading Symbol  DESTINATION XL GROUP, INC. [ DXLG ]								(Che	5. Relationship of Reporting Check all applicable) X Director Officer (give title		ng Per	10% Ov	vner
(Last) (First) (Middle)  C/O RED MOUNTAIN CAPITAL  MANAGEMENT INC						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2022									below	<i>(</i> )		below)	
1999 AVENUE OF THE STARS, STE 1100  (Street) LOS ANGELES  CA 90067					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Adividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Ž	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					Exec y/Year) if any		Deemed cution Date, ny nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4				ties For cially (D) I Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or F	rice		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock, \$0.01 par value 10/31/2					2022				A		5,426(1)	A	A	\$6.68	2,5	64,674	]	D <sup>(1)</sup>	
	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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		on Date,	Date, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		te	e and 7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. Shares issued pursuant to the Director's elected form of compensation for quarterly annual retainer and committee chairperson fee. The Reporting Person's ownership includes (i) 420,286 shares held by the Mesdag Family Limited Partnership, (ii) 97,529 shares held by the Mesdag Family Foundation, (iii) 44,746 shares held by the 2012 Mesdag Trust, (iv) 1,763,373 shares held by Red Mountain Capital Partners LLC, and (v) 238,740 shares held by Red Mountain Capital Management Inc. The Reporting Person is the president, sole executive officer, sole director and sole shareholder of Red Mountain Capital Management Inc. The Reporting Person disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein. The filing system would not permit the filer to report his ownership as indirect

> /s/ Willem Mesdag (on behalf of himself and the other 11/02/2022 Reporting Persons)

\*\* 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.