FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| - 1 | Estimated average burden | | | | | | | | | |

0.5

hours per response:

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

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

| Name and Address of Reporting Person* Presser Mitchell | | | | | | 2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG] | | | | | | | | | | onship of Reporting P all applicable) Director | | | s) to Is | |
|--|---|--|---|----------------------|--------------|---|--|---|--------------------|--|--------------------|--|---|--------|---|--|--|---|-----------------------|--|
| (Last) (First) (Middle) C/O DESTINATION XL GROUP, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017 | | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| 555 TURNPIKE STREET | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| l` ′ | Street) CANTON MA 02021 | | | | | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Ac | quired, | Disp | osed o | f, or | Bene | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transplate (Month/I | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispos | | Disposed | rities Acquired (A ed Of (D) (Instr. 3, | | | 4 and Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (| | | (A) or (D) | or Price | | Transa | ction(s) 3 and 4) | | | (11341.4) | | | | |
| Common Stock, \$0.01 par value 03/31 | | | | | | 1/2017 | | | | | 535(1 |) A \$ | | \$2 | 2.8 20 | | 5,531 | D | | |
| 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) | 3A. Deeme Execution if any (Month/Da | Date, Transa Code | | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pri Deriv Secu (Instr | ative crity 5 | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or | nber | | | | | | |

Explanation of Responses:

1. Shares issued pursuant to the Director's elected form of compensation for participation in meetings of the Board of Directors and/or its committees.

Remarks:

Robert S. Molloy, Attorney-in Fact for Mitchell S. Presser

04/03/2017

** 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.