FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL         |           |  |  |  |  |  |  |  |  |  |
|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:          | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average bu | ırden     |  |  |  |  |  |  |  |  |  |

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/h)                       |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|  |  |        |           |         | 01 3   | Secu  | JII 30(II)  | or the n | ivesinei   | il Coi | прапу Аст            | 01 19   | 40              |                      |   |  |   |   |   |  |  |
|--|--|--------|-----------|---------|--|---|---|----------|--|--------|----------------------|---|-----------------|----------------------|---|--|---|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>Presser Mitchell</u>   |  |        |           |         | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DESTINATION XL GROUP, INC. [ DXLG ] |   |   |          |  |        |                      |   |                 |                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |   |  |  |
|  |  |        |           |         | 1  |   |   |          |  |        | <del>,</del>         |   |                 | 1                    | X   | Direc  | ctor  |   | 10% C   | wner   |  |
| (Last) (First) (Middle) C/O DESTINATION XL GROUP, INC.   |  |        |           |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2014 |   |          |  |        |                      |   |                 |                      |   | Office                                       | er (give title<br>w)  |   | Other (<br>below)                                   | specify  |  |
| 555 TURNPIKE STREET  |  |        |           |         | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |          |  |        |                      |   |                 |                      | 6. Individual or Joint/Group Filing (Check Applicable Line)             |  |   |   |   |  |  |
| (Street)   |  |        |           |         |  |   |   |          |  |        |                      |   |                 |                      | X   | Form   | n filed by One  | e Reporti   | ing Pers  | on   |  |
| CANTON MA 02021  |  |        |           |         |  |   |   |          |  |        |                      |   |                 |                      |   | Form filed by More than One Reporting Person |   |   |   |  |  |
| (City)   | (St  | ate) ( | Zip)      |         |  |   |   |          |  |        |                      |   |                 |                      |   |  |   |   |   |  |  |
|  |  | Tabl   | e I - Non | -Deriva | ative  | Se  | curitie   | s Acc    | uired,   | Dis    | posed o              | f, o  | r Ben           | eficia               | ally (  | Owne   | ed  |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |        |           |         | n/Day/Year) if   |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | Transaction Dispose Code (Instr. 5)                            |        | Disposed             | rities Acquired (A)<br>ed Of (D) (Instr. 3,   |                 |                      | 4 and Secu<br>Bend<br>Own   |  | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|  |  |        |           |         | Code   | v   | Amount  |          | (A) or<br>(D)  | Price  | •                    | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |                 |                      |   | (Instr. 4)                                   |   |   |   |  |  |
| Common Stock, \$0.01 par value 02/28/  |  |        |           |         |  | /2014   |   |          | J  |        | 396 <sup>(1)</sup> A |   | A               | \$5.                 | 68  | 132,073                                      |   | Γ   | )   |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |        |           |         |  |   |   |          |  |        |                      |   |                 |                      |   |  |   |   |   |  |  |
| L. Title of Derivative Security Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  3. Transaction Date Execution Date, if any (Month/Day/Year) |  |        |           | Date,   | 4.<br>Transaction<br>Code (Instr.<br>8)  |   | ı of  |          | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        |                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 | str. 3               | 8. Price<br>Derivati<br>Security<br>(Instr. 5                           |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owne<br>Form<br>Direct<br>or Ind<br>(I) (In:                      | nership<br>m:<br>ect (D)<br>ndirect<br>nstr. 4)     | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |        |           |         | Code   | v   | (A)   | (D)      | Date<br>Exercisa   |        | Expiration<br>Date   | Title   | or<br>Nur<br>of | ount<br>nber<br>ires |   |  |   |   |   |  |  |

## **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:

David A. Levin, Attorney-in-Fact for Mitchell S. Presser

03/04/2014

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.