FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

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| gton, D.C. 20549 | OMB APPROVAL |
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| OMB Number: | 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* Molloy Robert S | | | | 2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own Officer (give title Other (spe | | | | ner | |
|---|--|--|---|--|--|----------|----------|------|--|---|-------|---|--|---|--|------------|--|---------------------------------------|
| (Last) (First) (Middle) C/O DESTINATION XL GROUP, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2019 | | | | | | | | | X Officer (give title below) below) SVP,ChiefAdmin.Officer,GC,Secy | | | | |
| 555 TURNPIKE STREET | | | | | | | | | | | | | C ledicided as Neighborn Eiling (Charles III) | | | | | |
| (Street) CANTON MA 02021 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (Si | ate) | (Zip) | | | | | | | | | | | Persor | 1 | | | |
| | | Tab | le I - Non- | Deriva | tive | Sec | curities | s Ac | quired, Di | spos | ed o | f, or Be | neficia | lly Owned | I | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | Benefici | es Forr ally (D) of following (I) (II | | n: Direct | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code V | Am | ount | (A) or (D) Pr | | Transaci (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| | 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. Deemed Execution Date, if any (Month/Day/Year) | Co | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode V | <i>y</i> | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 08/07/2019 | | 1 | A | | 38,377 | | (2) | (2) |) | Common Stock | 38,377 | \$0 | 38,377 | , | D | |

Explanation of Responses:

- 1. Each restricted stock unit ("RSUs"), as defined in the Company's 2016 Incentive Compensation Plan, as amended, represents a contingent right to receive one share of DXLG common stock.
- 2. The RSUs represent the time-based portion of the 2019-2021 Long-Term Incentive Plan award to the Reporting Person. The RSUs vest in four equal installments on August 7, 2020, April 1, 2021, April 1, 2022 and April 1, 2023.

Remarks:

Robert S. Molloy

08/09/2019

** 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.