FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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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

Deferred Stock ⁽¹⁾	\$4.63	02/01/2016			A	V	2,760 ⁽²⁾		(2)	(3)	Common Stock	2,760	\$4.63	2,760	I	By Trust ⁽⁴⁾
				C	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
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/Ye	ate, Tr	ode (I	de (Instr. Sec Acc or of (Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		d f g Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
		•	Table II - I (oosed of, convertil			Owned			
								Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)		(Instr. 4)	
1. Title of Security (Instr. 3) 2. Trans			2. Transa Date	saction 2 /Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year	3. Transaction Code (Instr. 3, 4			d (A) or	5. Amour Securitie Beneficia Owned F	nt of 6. O es Forr ally (D) (i Following (i) (ii	Ownership rm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
(City)	(Si		(Zip) ole I - Non	n-Deriv	ativ	e Se	curities	Acc	uired. Di	snosed o	f. or Ber	eficiall	v Owned			
CANTO	N M	A	02021										Form filed by More than One Reporting Person			
(Street)												Line	,	led by One Ro	eporting Perso	on
555 TURNPIKE STREET				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable					
C/O DESTINATION XL GROUP, INC.				02/01/2016												
(Last)	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)						\dashv	Officer below)	(give title	Other below)	(specify	
1. Name and Address of Reporting Person* PORTER GEORGE T JR					2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG]						;] (Ch	eck all applic	able)	10% C		
1 Nome or	ad Addraga of	Deporting Derson*			2.1	ssuer	Name and	d Tick	er or Tradino	Symbol		5. R	elationship o	of Reporting P	erson(s) to Is	suer

Explanation of Responses:

- $1.\ Deferred\ stock\ issued\ pursuant\ to\ the\ Director's\ elected\ form\ of\ compensation\ for\ quarterly\ annual\ retainer.$
- 2. Each share of deferred stock is the ecoomic equivalent of one share of common stock. The shares of deferred stock become payable in common stock, at the separation from service deferral period as elected by the Reporting Person under the terms of the Second Amended and Restated Non-Employee Director Compensation Plan.
- 3. There is no set expiration date. Deferred Stock termination events are set forth in the Amended and Restated Non-Employee Director Compensation Plan.
- 4. The Securities are held by the George Porter Trust Dated December 13, 2006, and the Reporting Person is the trustee of the trust.

Remarks:

<u>David A. Levin, Attorney-in-</u> <u>Fact for George T. Porter, Jr.</u>

02/03/2016

** 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.