FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: Estimated average burden 0.5 hours per response:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

or Section 30(h) of the Investment Company Act of 1940 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person* Requiring Statement DESTINATION XL GROUP, INC. [DXLG] PRESCOTT GROUP CAPITAL (Month/Day/Year) MANAGEMENT, L.L.C. 05/09/2018 4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date of Original Filed (Check all applicable) (Month/Day/Year) (Last) (First) (Middle) Director 10% Owner 1924 SOUTH UTICA, SUITE 1120 Other (specify Officer (give title 6. Individual or Joint/Group Filing (Check below) below) Applicable Line) Form filed by One Reporting Person (Street) Form filed by More than One **TULSA** 74014 OK Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities 3. Ownership 4. Nature of Indirect Beneficial Ownership Form: Direct (D) Beneficially Owned (Instr. 4) (Instr. 5) or Indirect (I) (Instr. 5) See Footnote(2) Common Stock, \$0.01 par value $6.013.025^{(1)}$ T **Table II - Derivative Securities Beneficially Owned** (e.g., puts, calls, warrants, options, convertible securities) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 2. Date Exercisable and 6. Nature of Indirect 1. Title of Derivative Security (Instr. 4) **Expiration Date** Conversion Ownership **Beneficial Ownership** (Month/Day/Year) or Exercise Form: (Instr. 5) Direct (D) Price of Amount Derivative or Indirect Security (I) (Instr. 5) Number Expiration Date Date Shares Exercisable Title

1. Name and Address of Reporting Person*		
PRESCOTT GROUP CAPITAL		
MANAGEMENT, L.L.C.		
(Last)	(First)	(Middle)
1924 SOUTH UTICA, SUITE 1120		
(Street)		
` '	OW	74014
TULSA	OK	74014
(City)	(State)	(Zip)
Name and Address of Reporting Person*		
FROHLICH PHIL		
(Last)	(First)	(Middle)
1924 SOUTH UTICA, SUITE 1120		
(Street)		
TULSA	OK	74014
(City)	(State)	(Zip)

Explanation of Responses:

Remarks:

^{1.} The filing of this Form 3 shall not be construed as an admission that Prescott Group Capital Management, L.L.C. ("Prescott Capital") or Phil Frohlich, the manager of Prescott Capital, is or was for the purposes of Section 16(a) of the Securities Exchange Act of 1934, as amended, or otherwise the beneficial owner of any of the Common Stock, \$0.01 par value (the "Common Stock,"), of Destination XL Group, Inc. (the "Issuer") purchased by Prescott Group Aggressive Small Cap Master Fund, G.P. (the "Master Fund") for the accounts of Prescott Group Aggressive Small Cap, L.P. or Prescott Group Aggressive Small Cap II, L.P. (together, the "Small Cap Funds"). Pursuant to Rule 16a-1, both Prescott Capital and Mr. Frohlich disclaim such beneficial ownership.

^{2.} Prescott Capital holds indirectly the shares of Common Stock of the Issuer through the account of the Master Fund, of which Prescott Capital is the Investment Manager. The Master Fund holds the shares of Common Stock for the accounts of the Small Cap Funds, of which Prescott Capital is the Investment Manager. Prescott Capital receives a portion of the profits in the way of a capital allocation from, and owns a partnership interest in, the Small Cap Funds. Phil Frohlich reports the Common Stock held indirectly by Prescott Capital because, as the manager of Prescott Capital at the time of purchase, he controlled the disposition and voting of the securities.

/s/ Phil Frohlich

05/09/2018

** 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 5 (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.