FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* MESDAG WILLEM						2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG									i. Relationship of Repo Check all applicable) X Director		ng Pe	rson(s) to Is		
(Last)	(Fir	st) (N	Middle)												Office below	er (give title v)		Other (s	specify	
C/O RED MOUNTAIN CAPITAL MANAGEMENT INC						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2022														
1999 AVENUE OF THE STARS, STE 1100						4. If Amondment, Date of Original Filed (Month/Day/Marx)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)				4. 11 /	If Amendment, Date of Original Filed (Month/Day/Year)								Line							
LOS ANGELI	$C\Delta$ 90067)	_	filed by Mo		oorting Person			
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exec if any	Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) Of (D) (Instr. 3,		A) or i, 4 and	Benefic Owned	ties cially Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or F	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock, \$0.01 par value 08/01/2					2022				Α		8,819(1)	A	1	\$4.11	2,5	59,248		D ⁽¹⁾		
	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) 1. Title of Derivative Security		3. Transaction Date (Month/Day/Year)	if any	emed on Date, (Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (I	. Price of lerivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

1. Shares issued pursuant to the Director's elected form of compensation for quarterly annual retainer and committee chairperson fee. The Reporting Person's ownership includes (i) 420,286 shares held by the Mesdag Family Limited Partnership, (ii) 97,529 shares held by the Mesdag Family Foundation, (iii) 44,746 shares held by the 2012 Mesdag Trust, (iv) 1,763,373 shares held by Red Mountain Capital Partners LLC, and (v) 233,314 shares held by Red Mountain Capital Management Inc. The Reporting Person is the president, sole executive officer, sole director and sole shareholder of Red Mountain Capital Management Inc. The Reporting Person disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein. The filing system would not permit the filer to report his ownership as indirect

> /s/ Willem Mesdag (on behalf of himself and the other 08/03/2022 Reporting Persons)

** 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.