FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| washington, D.C. 20049                       | OMB APPROV  |      |  |  |
|--|-------------|------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 |  |  |

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|--------------------|--------------------------|------|--|--|--|--|--|--|
| OMB Number: 3235-0 |                          |      |  |  |  |  |  |  |
|                    | 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).

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 ]      3. Date of Earliest Transaction (Month/Day/Year) |   |                         |  |               |  |                    |  |        | 5. Relationship of Repo<br>(Check all applicable)<br>Director<br>X Officer (give ti<br>below)                      |   | blicable)<br>ctor<br>er (give title                                      |  | 10%   | Owner<br>(specify |  |
|---|---|--|------------|---|---|---|-------------------------|--|---------------|--|--------------------|--|--------|--|---|--|--|---|-------------------|--|
| (Last) (First) (Middle)                                   |   |  |            |   | 03/20/2013  |   |                         |  |               |  |                    |  |        |  | Sr. VP, Ge  | eneral   |  | "   |                   |  |
| (Street)  |   |  |            | 4. If <i>i</i>  | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |                         |  |               |  |                    |  |        |  | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |   |                   |  |
| (City) (State) (Zip)                                      |   |  |            | X Form filed by One Rep Form filed by More that Person      |   |   |                         |  |               |  |                    |  |        |  |   |  |  |   |                   |  |
|   |   | Tabl                                       | e I - No   | on-Deriva   | ative   | Sec                                     | uritie                  | s Ac   | quired        | l, Dis   | sposed o           | f, or B                                    | enefic | cially   | y Own   | ed   |  |   |                   |  |
|   |   | 2. Transaction<br>Date<br>(Month/Day/Year) |            | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | 3.<br>Transaction<br>Code (Instr.<br>8) |                         | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 at<br>5) |               |  |                    | nd Securities Beneficially Owned Following |        | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |   | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                      |  |   |                   |  |
|   |   |  |            |   |   | Code                                    | v                       | Amount   | (A) or<br>(D) | Price  | )                  | Reported Transaction(s) (Instr. 3 and 4)   |        |  |   | (Instr. 4)   |  |   |                   |  |
| Common Stock, \$.01 par value                             |   |  | 03/20/2013 |   |   |   | S                       |  | 5,600         | D  | \$4.8              | 85 <sup>(1)</sup> 59,630                   |        | ,630   |   | D  |  |   |                   |  |
| Common Stock, \$.01 par value                             |   |  |            |   |   |   |                         |  |               |  |                    |  |        | 3,   | 900   |  | I  | Reporting Person's shares held in Company's 401(k)Plan as stated in Plan Statement dated 3/18/13. |                   |  |
|   |   | Та   | ıble II -  |   |   |   |                         |  |               |  | osed of, convertib |  |        |  | Owned   |  |  |   |                   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | if any     | on Date, (  | Transaction (Code (Instr. 3))  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)                     |   | 6. Date Expirat (Month) | ion Da<br>/Day/Y   |               | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Numbe of Title Shares |                    | 8. Price of Derivative Security (Instr. 5) |        | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |                   |  |

## **Explanation of Responses:**

1. Price represents the weighted average price with respect to shares sold on this date. The actual sale prices with respect to these shares were between \$4.8500 and \$4.8501. The Reporting Person hereby undertakes to provide upon request to the SEC, the issuer or any stockholder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

Robert S. Molloy

03/20/2013

\*\* 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.