FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

| | | | | | | | . , | | | | · · | | | | | | | | | |
|---|---|--|-------------|---------|--|---|--------------------------------------|-------|------------------|--|---------------------|-------|---|---|--|---|---|---|--|--|
| Name and Address of Reporting Person* Mooney Word W | | | | | | 2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Mooney Ward K | | | | | | | | | | | | | 1 | X | Direc | ctor | 10% | Owner | | |
| (Last) (First) (Middle) C/O DESTINATION XL GROUP, INC, | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/29/2016 | | | | | | | | | | Office | er (give title w) | | Other (specify below) | |
| 555 TURNPIKE STREET | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| | | | | ١. | , = 1.1. 2. 2. 1. 2. 1. 2. (| | | | | | | L | Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) | N M. | Δ (|)2021 | | | | | | | | | | | | X | | , | | | |
| CANTO | N IVI. | - C | 72021 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, or | Ben | efici | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Sec Ber Ow | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock, \$0.01 par value 07/29. | | | | 29/2016 | | | | J | | 2,481 | 1) | A | \$5.15 | | 5 65,543 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | te Executio | Date, | | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber res | | | | | | |

Explanation of Responses:

1. Shares issued pursuant to the Director's elected form of compensation for quarterly annual retainer.

Remarks:

Robert S. Molloy, Attorney-in-Fact for Ward K. Mooney

08/02/2016

** 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.