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FORM 4

Check this box if no longer subject 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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:								
Estimated average burden hours per response: 0.5								
hours per response:	0.5							

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

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1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Chane Francis C</u>					Detraining and the second parts [DALS]								1	Directo	r		10% Ov	vner	
——														>		(give title		Other (s	pecify
(Last)	(F	First)	(Middle)		3. Date	e of Earlie	st Trar	nsacti	ion (Mor	nth/D	ay/Year)				below)			below)	
C/O DESTINATION XL GROUP, INC.						03/21/2022								SVPSupply Chain, CustomerFulfil					
			INC.																
555 TURNPIKE STREET													_						
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																ad by One	Dono	rting Doroor	
CANTO	N M	1A	02021												filed by One Reporting Person				
															Form fi Person		e than	One Repor	ting
(0:+-)	(5		(7:)												F CISUII				
(City)	(3	state)	(Zip)																
		Та	ble I - Nor	ו-Deriva	tive S	Securiti	es A	cqui	ired, I	Disp	osed	of, or I	Ben	eficially	/ Owned				
1. Title of	Security (Ins	tr. 3)		2. Transa							(A) or	5. Amour	s Form		vnership	7. Nature of			
Date					Day/Year) Execution E if any (Month/Day				Code (Instr. 5)			ed Of (D)			(Instr	3, 4 and	Securitie Beneficia		Indirect Beneficial
														Owned F	ollowing (I) (In		nstr. 4) C	Ownership	
							F				. (A) or		1	Reported Transaction(s)				(Instr. 4)	
									Code V Am		Amount	nt (D) F		Price	(Instr. 3 a	nd 4)			
			Table II	Deviverti							' 			' iaialluu					
			Table II -	Derivati (e.g., pt											Owned				
				(e.g., pr	15, 0	uis, wa	Ian	15, 0	puon	5, 0	onven		cui	lues					
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed	4.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title			8. Price of			10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Da		nsactio le (Instr)	of Secu		erivative	Derivative Security	derivative Securities		Ownership	of Indirect Beneficial
(Instr. 3) Price of (Month/Day/Year) 8 Derivative Security					` Securities		Security (Instr. 3					tr. 3 and	(Instr. 5)	Beneficially		Direct (D)	Ownership		
					Acquired (A) (A) or									Owned Following	q	or Indirect (I) (Instr. 4)	(Instr. 4)		
					Disposed of (D) (Instr. 3, 4 and 5)											Reported Transaction(s)			
											(Instr. 4)								
								 						mount or		ľ í		1	
				Co	le V	(A)	(D)	Date Exer	e rcisable		piration ite	Title	N	umber of hares					
Restricted Stock	\$0	03/21/2022		А		14,460			(1)	03	/21/2032	Commo		4,460 ⁽²⁾	\$0	14,46	50	D	
Unite	l [*]			I "		1 ., 100	1	1				Stock	11	.,	"	1 1,940		1 ~	1

Explanation of Responses:

1. Represents Restricted Stock Units ("RSUs") for performance-based compensation granted to the Reporting Person based on the Company's performance over the applicable performance period under the 2019-2021 Long-Term Incentive Plan. The RSU's vest August 31, 2022.

2. Each RSU, as defined in the Company's 2016 Incentive Compensation Plan, represents a contingent right to receive one share of DXLG common stock.

03/28/2022 erson Date

** Signature of Reporting Person

Francis C. Chane

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.