FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| Machinaton | D C 20540 | |

OMB APPROVAL 3235-0287

Estimated average burden

0.5

hours per response:

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1(c). Se | ee Instruction 1 | 0. | | | | | | | | | | | | | | | | |
|--|------------------|---------------------------------|---|----------|--|--------------------|--------------------|---|-------------------------------------|--|---------------------------|---|----------------------------|---------------------------------------|--------------------------------------|---|-------------|------------|
| Name and Address of Reporting Person* Rubin Elaine | | | 2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. [DXLG | | | | | | | 5. Relationship of Reporting (Check all applicable) Director | | | | rson(s) to Is | | | | |
| (Last) | (Fir | ret) (M | Middle) | | <u></u> | 1 | | | | | | | Officer (give title below) | | | | Other (s | specify |
| ` ′ | ` | N XL GROUP, II | , | | | te of Ea 4/2024 | arliest Trans 1 | action (N | /lonth/ | 'Day/Year) | | | | | | | | |
| 555 TUR | NPIKE ST | REET | | | <u>4</u> If Δ | mendn | nent Date o | f Origins | ıl Filer | d (Month/Day | //Year) | 16 | Individ | lual or | loint/Grou | n Filin | ng (Check A | nnlicable |
| (Street) | | | | | | inchan | nont, bate o | Oligine | | z (World #Da) | y/ rear) | | ine) | | | | • | . |
| CANTO | N M | A 0 | 2021 | | | | | | | | | | | Form filed by More than One Reporting | | | | |
| (City) | (St | ate) (Ž | Zip) | | | | | | | | | | | Perso | on | | | |
| | | Table | I - No | n-Deriva | tive S | ecuri | ities Acq | uired, | Dis | posed of, | or Be | nefic | ially (| Own | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transac Date (Month/Da | n/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | 4 and Securitie Beneficia | | ies ially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | , т | ransa | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock, \$0.01 par value | | 11/04/2 | 4/2024 | | | A | | 7,527(1) | A | \$2. | 2.69 93,29 | | 3,298 | 98 D | | | | |
| Common Stock, \$0.01 par value | | | | | | | | | | | 15,000 | | | I | By Spouse's IRA account | | | |
| | | Tal | | | | | | | | osed of, c | | | | wne | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)) | | on Date, | 4. 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 3 and 4) | Title and nount of curities derlying rivative curity (Instr. and 4) | | Price of privative scurity str. 5) Beneficiall Owned Following Reported Transactio (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | | | | |
| | | ı | I | | | | | | - 1 | | ΙA | mount | 1 | | | - 1 | | 1 |

Explanation of Responses:

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

Robert S. Molloy, Attorneyin-Fact for Elaine Rubin

Number

Shares

Title

11/06/2024

** 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).

Code

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.

Date

Exercisable

(D)

Expiration