| SEC Form 4 | |
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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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Instruction 1(b). | continue. Dee | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | nours per re | sponse. 0. | |
|-------------------|--------------------|-----------------------|---|-------------------|-------------------------------------|---------------------------------------|-----------------------|--|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | - | | | |
| | dress of Reporting | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol DESTINATION XL GROUP, INC. DXLG | | ationship of Re k all applicable | Reporting Person(s) to Issuer ble) | | |
| <u>Boyle Jack</u> | | | | X | Director | | 10% Owner | |
| (Last) | (First) | (Middle) | [| | Officer (given below) | e title | Other (specify below) | |
| | IATION XL GF | · · · | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2020 | | ····) | | · · · · , | |
| 555 TURNPI | KE STREET | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint | /Group Filin | g (Check Applicabl | |
| (Street) | | 02021 | | X | Form filed I | by One Rep | orting Person | |
| CANTON | MA | 02021 | | | Form filed I Person | by More tha | n One Reporting | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | |
|---------------------------------|--|---|------|---|-----------------------|---------------|--------|---|---|------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock, \$0.01 par value | 08/03/2020 | | J | | 64,285 ⁽¹⁾ | Α | \$0.35 | 240,509 | D | | |

| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

Remarks:

Robert S. Molloy, Attorneyin-Fact for Jack Boyle

08/04/2020

** 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.