

DESTINATION XL GROUP, INC.

Reported by **KYEES JOHN E**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/02/17 for the Period Ending 05/31/17

Address 555 TURNPIKE STREET

CANTON, MA 02021

Telephone 7818215900

CIK 0000813298

Symbol DXLG

SIC Code 5651 - Family Clothing Stores

Industry Apparel & Accessories Retailers

Sector Consumer Cyclicals

Fiscal Year 01/30



[] 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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

KYEES JOHN E				2.	Issue	er Name	and Tick	er or Tra	ading Sym	ibol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
					DESTINATION XL GROUP, INC. [DXLG]						X Director	,	1	0% Owner	
(Last)	(First	t) (Mi	iddle)	3.	Date	of Earlie	est Trans	action (M	MM/DD/YYY	Y)	Officer (giv	e title below	()O	ther (specify	below)
C/O VERA : PRODUCTI			., 2208				5/3	1/2017	7						
	(Stre	eet)		4.	If A	mendmer	it, Date C	Original	Filed (MM/	DD/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
FORT WAYNE, IN 46808 (City) (State) (Zip)											X Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table I -	· Non-De	rivat	ive Secu	rities Ac	quired,	Disposed	of, or Ber	neficially Own	ed			
1.Title of Security (Instr. 3)			2.	Trans. Date	Exec		3. Trans. Co (Instr. 8)	or I	Securities Ac Disposed of (str. 3, 4 and 5	D) F ₀ (I	. Amount of Securiti ollowing Reported T instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership (Instr. 4)
	Tab	le II - Deri	ivative Se	ecurities	Bene	eficially (Owned (<i>e.g.</i> , pı	ıts, calls,	warrants,	options, conve	rtible sec	urities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	(Instr. 8)	5. Numbe Derivative Acquired Disposed (Instr. 3, 4		Securities (A) or of (D)			7. Title and Securities U Derivative (Instr. 3 and	Underlying Security		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisab	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Deferred Stock	\$2.40	5/31/2017	5/31/2017	A		625		<u>(2)</u>	<u>(3)</u>	Common Stock	625	\$2.40	625	D	

Explanation of Responses:

- (1) Deferred stock issued pursuant to the Director's elected form of compensation for participation in meetings of the Board of Directors and/or its committees.
- (2) Each share of deferred stock is the economic equivalent of one share of common stock. The shares of deferred stock become payable in common stock at the expiration of the 3-year deferral period as elected by the Reporting Person under the terms of the Second Amended and Restated Non-Employee Director Compensation Plan (as amended).
- (3) There is no set expiration date. Deferred Stock termination events are set forth in the Second Amended and Restated Non-Employee Director Compensation Plan (as amended).

Reporting Owners

Panorting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KYEES JOHN E C/O VERA BRADLEY, INC. 2208 PRODUCTION ROAD FORT WAYNE, IN 46808	X						

Signatures

Robert S. Molloy, Attorney-in-Fact for John E. Kyees

**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 control number.