FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-02

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

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

							(, -				1 7									
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>Chan Angela</u>					=	DESTRUCTION AL GROOT, INC. [DALG]									1	Directo			10% Ow	-	
(Last)	(E	irst)	(Middle)		3. [Date o	f Earlie	est Tra	nsac	tion (Mor	nth/Da	av/Year)		_ >	Officer below)	(give title		Other (s below)	pecify	
` '	`			3. Date of Earliest Transaction (Month/Day/Year) 04/03/2017										SVP	SVP, Chief Sourcing Officer						
C/O DESTINATION XL GROUP, INC.																					
555 TURNPIKE STREET						A 16 Assessment Potes of Original Filed (Manufactor)										C. Ladinidus Lan Driet/Corone Ellina (Charles C. L.					
						4. If Amendment, Date of Original Filed (Month/Day/Year) 04/05/2017										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)		- A	00004		100	10312	017									C Form fi	led by One	Repo	rting Persor	1	
CANTO	N M	A	02021													Form f	led by More	e than	One Repor	ting	
					-											Person	1		-	_	
(City)	(S	tate)	(Zip)																		
		Tak	ole I - Non	ı-Deriv	vativ	e Se	curiti	ies A	cqu	ıired, [Disp	osed	of, or B	ene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa														(A) or	5. Amou				7. Nature of		
Date (Month/Da					/Day/Ye		Execution Date, if any		te,	Code (Instr.				nstr.	3, 4 and		Securities Beneficially		(D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)	
					•			/lonth/Day/Yea							Owned F						
										Code	v I	Amoun	nt (A) or		Price	Transact	Transaction(s) (Instr. 3 and 4)		- '	(
			ļ										(0)			(instr. 3 a	ına 4)				
		•	Table II - I													Owned					
			((e.g., p	outs,	call	s, wa	rrant	ts, c	ptions	s, co	nver	tible sec	curi	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, 1	Code (of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of E		i. Date Exercisable and Expiration Date Month/Day/Year)			7. Title an of Securit Underlyin Security (I 4)	ies g De	rivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable	Exp Date	iration	Title	Nui	ount or mber of ares						
Restricted Stock Units	\$0									(1)		(1)	Common Stock	39	,912 ⁽²⁾		39,912	2	D		
		1					1				1		1	1							

Explanation of Responses:

- 1. The restricted stock units ("RSUs") represent the time-based portion of the 2017-2018 Long-Term Incentive Plan award to the Reporting Person. The RSUs vest in two equal installments on April 1, 2019 and April 1, 2020.
- 2. The original Form 4 filed on April 5th inadvertently understated the number of RSUs granted to the Reporting Person by 4,912. This amendment to the Form 4 is being filed to correct the error and reflect the total number of RSUs underlying the award.

Remarks:

Angela Chan

04/10/2017

** 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.