### Edgar Filing: Destination Maternity Corp - Form 4

Destination M Form 4 May 20, 2016	•	р								
FORM	Л								• · · · • · ·	PPROVAL
	UNIII	ED STATES		ITIES A hington,		COMMISSION	OMB Number:	3235-0287		
if no longer subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expires. 2 Expires. 2 Expires. 2 Estimated average burden hours per								irs per		
(Print or Type Re	esponses)									
Ajdler Arnaud Symbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Che	ck an applicable	5)
C/O DESTIN CORPORAT STRAWBRII	ION, 232		(Month/Da 05/19/20	•				X Director Officer (give below)		b Owner er (specify
	(Street)	Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
MOORESTC	OWN, NJ 080	)57						Person	store than one R	porting
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)		Date 2A. Dee Year) Execution any (Month/		Code (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3, Amount	l (A) c l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	05/19/2016			А	6,000 (1)	A	\$0	57,036	D	
Reminder: Repo	rt on a separate	line for each cl	ass of secur	ities benefi	cially own	ed dire	ectly or	indirectly.		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title Derivat Security (Instr. 3	ive Conversi y or Exerci	se	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	Securities Acquired (A) or	orNumber Expiration Date of (Month/Day/Ye Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Amor Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Ajdler Arnaud C/O DESTINATION MATERNITY CORPORATION 232 STRAWBRIDGE DRIVE	Х					
MOORESTOWN, NJ 08057						
Signatures						

### Si

Arnaud Ajdler	05/19/2016
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\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- 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).

On May 19, 2016, 6,000 shares of restricted stock were issued to the Reporting Person by the Issuer. These shares vest on the earlier of: (1) (1) the first anniversary of the date of grant; or (2) the end of the day immediately prior to the Issuer's first Annual Meeting of Stockholders held after the date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.