Alden Holly N.

May 31, 2018

Form 3

FORM		ITED STA		S SECURITIES AND EXCHANGE COMMISSI		MISSION	N OMB APPROVAL		
	Washington, D.C. 20549						OMB Number:	3235-0104	
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF							Expires:	January 31, 2005	
		ion $17(a)$ of	<b>SECURI</b> t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C	Securities E	y Act of 193		Estimated a burden hou response	verage	
(Print or Type ]	Responses)								
1. Name and A Person <u>*</u> Alden H		eporting	Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol Destination Maternity Corp [DEST]					
(Last)	(First)	(Middle)	05/23/2018	4. Relationsh Person(s) to 1	· · · ·		5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O DESTINATION MATERNITY CORPORATION, 232 STRAWBRIDGE DRIVE (Street)				(Check all applicable) <u>X</u> Director <u>Officer</u> <u>10%</u> Owner (give title below) (specify below)		) Owner r	lividual or Join		
MOOREST	'OWN, N	IJÂ 08057				_X_F Persor F	(Check Applica form filed by On- n filed by Mon ting Person	e Reporting	
(City)	(State)	(Zip)	Table I - N	Non-Deriva	tive Securit	ies Benefici	ally Owned	l	
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	icial	
Reminder: Rep owned directly	-		ach class of securities benefic	ially S	SEC 1473 (7-02	2)			
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.									
	Fable II - De	erivative Secu	rities Beneficially Owned (e	.g., puts, calls	, warrants, op	tions, convert	ible securities	)	

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address			Relationships			
		Director	10% Owner	Officer	Other	
Alden Holly N. C/O DESTINATION MATERNITY CORPORATION 232 STRAWBRIDGE DRIVE MOORESTOWN, NJ 08057			Â	Â	Â	
Signatures						
Holly N. Alden	05/31/2018					

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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#### **Remarks:**

#### No securities are beneficially owned.

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.