Kleffner Gregory W Form 3 April 02, 2019 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Ad Person <u>*</u> Kleffner (orting	2. Date of Event RStatement(Month/Day/Year)	Ι	3. Issuer Name and Ticker or Trading Symbol Destination Maternity Corp [DEST]					
(Last)	(First)	(Middle)	03/29/2019		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
232 STRAW	BRIDGE I	ORIVE							•	
(Street)					(Check all applicable)			6. Individual or Joint/Group		
MOORESTO		08057		_	XDirector10% Owner OfficerOther (give title below) (specify below)			Filing(Chast: Applicable Ling)		
(City)	(State)	(Zip)	Tal	ble I - No	n-Derivati	ive Securiti	es Be	neficially	y Owned	
1.Title of Secur (Instr. 4)	ity		Ben	Amount of S heficially O tr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	ership	rect Beneficial	
Reminder: Repo		ate line for ea	ch class of securities	s beneficial	^{ly} SE	EC 1473 (7-02))			
	inform require	ation conta ed to respo	oond to the collect ained in this form nd unless the for MB control numbe	are not m display	/s a					
Т	able II - Deri	ivative Secur	rities Beneficially C	Owned (e.g.	, puts, calls,	warrants, opt	ions, c	onvertible	securities)	
1. Title of Deriv (Instr. 4)	vative Securit	Expir	te Exercisable and ration Date (Day/Year) Expiration		d Amount of Underlying e Security	Conversion or Exercise Price of Derivative	se Fo Do e Se	wnership orm of erivative ecurity:	6. Nature of Indirec Beneficial Ownersh (Instr. 5)	
		Date	LAPHAUOII			Cit	D	:		

Exercisable

Date

Title

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
1 8		ector	10% Owner	Officer	Other				
Kleffner Gregory W 232 STRAWBRIDGE DRIV MOORESTOWN, NJ 08		X	Â	Â	Â				
Signatures									
/s/ Gregory 04/02 Kleffner		9							
<u>**</u> 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).

Â **Remarks:** Exhibit List: Exhibit 24 1Â -Â

Exhibit List: Exhibit 24.1 - Power of Attorney

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.