Edgar Filing: Destination Maternity Corp - Form 4

| | Atternity Corp | | | | | | | | | | |
|--|--|-----------------------|-------------------------------------|---|---------------------------|---------------------------------|------------------------|---|--|--|---|
| Form 4 | 2015 | | | | | | | | | | |
| February 23, | | | | | | | | | | OMB A | PPROVAL |
| FORM | 4 UNITED S | TATES | | ITIES A | | | | NGE (| COMMISSION | | 3235-0287 |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATEM 5. Filed purs ¹⁵ Section 17(a | uant to s) of the | F CHAN | GES IN SECUI 5(a) of the fility Hol | BI RIT he S ldin | ENEFI FIES Securiting Com | CIA ies Ex ipany | xchang Act o | TNERSHIP OF ge Act of 1934, f 1935 or Sectio 40 | Expires: Estimated a burden hou response | irs per |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and A ERDOS BA | ddress of Reporting F RRY | erson <u>*</u> | 2. Issuer Symbol Destinat | Name an ion Mat | | | | | 5. Relationship of Issuer | f Reporting Per | |
| | NATION MATEI FION, 456 NORT | | 3. Date of (Month/Da 02/19/20 | ay/Year) | Tran | saction | | | X Director Officer (give below) | 10% | 6 Owner er (specify |
| | (Street) | | Filed(Month/Day/Year) Applic | | | | Applicable Line) | or Joint/Group Filing(Check ne) d by One Reporting Person | | | |
| PHILADEL | PHIA, PA 19123 | | | | | | | | | More than One Ro | |
| (City) | (State) (| Zip) | Table | e I - Non- | Der | ivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | emed on Date, if /Day/Year) | Code (Instr. 8) | tion]) (| Amount | l (A) o 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 02/19/2015 | | | А | | 5,600 | А | \$0 | 44,600 | D | |

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)

| De Se | Title of erivative ccurity nstr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. ionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|----------|--|---|---|---|--------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | | Code N | 7 (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 | | |
| ERDOS BARRY C/O DESTINATION MATERNITY CORPORATION 456 NORTH FIFTH STREET PHILADELPHIA, PA 19123 | Х | | | | | |
| Signaturos | | | | | | |

Signatures

| Barry Erdos (| 02/19/2015 |
|---------------|------------|
|---------------|------------|

**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 February 19, 2015, 5,600 shares of restricted stock were issued to the Reporting Person by the Issuer. These shares vest on the earlier (1) of: (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.