

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person* <u>KINGDON CAPITAL MANAGEMENT, L.L.C.</u> (Last) (First) (Middle) C/O KINGDON CAPITAL MANAGEMENT, L.L.C. 152 WEST 57TH STREET, 50TH FLOOR (Street) NEW YORK NY 10019 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/23/2018	3. Issuer Name and Ticker or Trading Symbol <u>Destination Maternity Corp [DEST]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) _____ See Remarks	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$.01 per share	147,495	I	See Footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

1. Name and Address of Reporting Person* <u>KINGDON CAPITAL MANAGEMENT, L.L.C.</u> (Last) (First) (Middle) C/O KINGDON CAPITAL MANAGEMENT, L.L.C. 152 WEST 57TH STREET, 50TH FLOOR (Street) NEW YORK NY 10019 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>KINGDON MARK E</u> (Last) (First) (Middle) C/O KINGDON CAPITAL MANAGEMENT, L.L.C. 152 WEST 57TH STREET, 50TH FLOOR (Street) NEW YORK NY 10019 (City) (State) (Zip)		
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Explanation of Responses:

1. These securities are owned directly by clients of Kingdon Capital Management, L.L.C. ("Kingdon Capital") and may be deemed to be indirectly beneficially owned by Kingdon Capital and Mark Kingdon, the managing member of Kingdon Capital.

Remarks:

Solely for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, Kingdon Capital and Mr. Kingdon may each be deemed to be a director-by-deputization by virtue of Christopher Morgan, an analyst at Kingdon Capital, serving on the board of directors of the issuer. Each Reporting Person disclaims beneficial ownership in the securities reported on this Form 3 except to the extent of its or his pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

<u>Kingdon Capital</u>	
<u>Management, L.L.C., By: /s/</u>	<u>05/31/2018</u>
<u>William Walsh, Chief</u>	
<u>Financial Officer</u>	
<u>/s/Mark Kingdon</u>	<u>05/31/2018</u>
** 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 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).

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.