Destination Maternity Corp Form 4 November 09, 2010

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB

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Washington, D.C. 20549

3235-0287 Number: January 31,

2005

Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per 0.5

Form 5 obligations may continue. See Instruction

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

response...

Expires:

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * **GOLDBLUM JOSEPH**

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

Destination Maternity Corp [DEST]

(Check all applicable)

(Last)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

X_ Director 10% Owner Other (specify Officer (give title

C/O DESTINATION MATERNITY CORPORATION, 456 NORTH

(Street)

(State)

FIFTH STREET

(City)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

(Month/Day/Year)

11/05/2010

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Ι

Issuer

below)

PHILADELPHIA, PA 19123

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Code V Amount

 $S^{(1)}$

5. Amount of Securities Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Ownership (Instr. 4)

(A) or

Transaction(s) (Instr. 3 and 4) Price (D)

Common 11/05/2010 Stock

62 D \$ 39 47,643

Footnote (2)

See

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

(Month/Day/Year)

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.

SEC 1474 (9-02)

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

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1. Title of Derivative Security (Instr. 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. Transaction Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

GOLDBLUM JOSEPH C/O DESTINATION MATERNITY CORPORATION 456 NORTH FIFTH STREET PHILADELPHIA, PA 19123

X

Signatures

Joseph A. Goldblum 11/09/2010

**Signature of Date
Reporting Person

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).
- (1) The shares were sold pursuant to a 10b5-1 prearranged trading plan adopted by a partnership of which the Reporting Person is general partner on May 19, 2010.
- After giving effect to this transaction, the Reporting Person may be deemed to indirectly own the following shares (i) 30,948 shares owned by G-II Family Partnership L.P. of which the Reporting Person is general partner, (ii) 16,200 shares held by the Reporting Person as custodian or in trust for members of the Reporting Person's family, and (iii) 495 shares held by the Reporting Person's wife. The Reporting Person disclaims beneficial ownership of any shares in which he does not have a pecuniary interest.

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.

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