FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response. | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Bernstein Bruce | | | | 2. Issuer Name and Ticker or Trading Symbol XpresSpa Group, Inc. [XSPA] | | | | | | | 5. (C | Relationship on eck all applic | able) | Person(s) to Issi 10% Ov | | |
|--|---|--|--|--|---|----------|--|--------------------|---|---|---|--|---|--|---------------------------------|----------|
| (Last) | ` | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2020 | | | | | | | | Officer below) | (give title | Other (s below) | specify |
| 254 WES | ST 31ST ST | TREET, 11TH FI | LOOR | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YO | ORK N | Y | 10001 | | | | | | | | | | X Form fi | led by More t | eporting Perso han One Repoi | |
| (City) | (9 | State) | (Zip) | | | | | | | | | | | | | |
| | | Та | ble I - Non-l | Derivati | ve S | ecuritie | s Acc | quired, | Disp | osed c | of, or Be | neficial | ly Owned | | | |
| Date | | | . Transacti Pate Month/Day | Execution Date, | | Code (I | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. | | | 5. Amour Securitie Beneficia Owned For | es For ally (D) collowing (I) (| orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | Transacti | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 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/Yea | Code | saction Derivative I | | Derivative Securities (Month/Day/Year) of Securities Acquired (A) or Disposed of (D) (Instr. 3 | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Option (Right to Buy) ⁽¹⁾ | \$0.51 | 04/20/2020 | | A | | 200,000 | | (2) | 0. | 4/20/2030 | Common Stock | 200,00 | \$0.00 ⁽¹⁾ | 200,000 | D | |

Explanation of Responses:

- $1. \ These \ securities \ were issued as part of the Issuer's equity grant to directors.$
- 2. The shares underlying this option vest in equal quarterly installments over a one-year period, with one-fourth vesting on the date of grant and one-fourth vesting at the end of each fiscal quarter, such that the options will be fully vested as of December 31, 2020.

/s/ Bruce Bernstein

04/21/2020

** 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 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).

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.