Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|
|  |

| OMB APPROVAL             |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |
| hours per response: 0    |  |  |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     Bernstein Bruce        |  |  |         |                                    |   | 2. Issuer Name and Ticker or Trading Symbol XpresSpa Group, Inc. [XSPA] |              |                       |  |         |                       |  |   |   | all app<br>Direc  | ionship of Reportir<br>all applicable)<br>Director   |   | 10% O  | vner                                    |  |
|--|--|--|---------|------------------------------------|---|---|--------------|-----------------------|--|---------|-----------------------|--|---|---|---|--|---|--|---|--|
| (Last)   | (Fi  | rst) (NROUP, INC.                          | Middle) |                                    |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/19/2021             |              |                       |  |         |                       |  |   |   |   | cer (give title<br>ow)   |   | Other (<br>below)  | specify                                 |  |
| 254 WEST 31ST STREET, 11TH FLOOR                                 |  |  |         |                                    |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |              |                       |  |         |                       |  |   | 6. Individual or Joint/Group Filing (Check Applicable |   |  |   |  |   |  |
| (Street)<br>NEW YO   | ORK N  | Υ 1  | .0001   |                                    | 08/1                                    | 08/19/2021  |              |                       |  |         |                       |  |   | Line)<br>X  | Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |  |   |  |
| (City)   | (St  | ate) (2                                    | Zip)    |                                    |   |   |              |                       |  |         |                       |  |   |   |   |  |   |  |   |  |
|  |  | Table                                      | I - No  | n-Deriva                           | tive S                                  | Secui   | rities       | Acc                   | uired  | l, Dis  | posed of              | , or E   | Benefi  | cially  | Own   | ed   |   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |  |  |         |                                    |   | Execution Date,   |              | .                     | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acquii<br>Disposed Of (D) (In |         |                       |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)               |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |   |  |
|  |  |  |         | Code V A                           |   | Amount  | (A) o<br>(D) | Price                 | e  | Transa  | action(s)<br>3 and 4) |  |   | (111341. 4)   |   |  |   |  |   |  |
| Common Stock 08/19/20  |  |  |         |                                    | 021                                     |   |              | <b>P</b> (1)          |  | 107,500 | A                     | \$1.   | 4253  | 253 664,198   |   | D  |   |  |   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |         |                                    |   |   |              |                       |  |         |                       |  |   |   |   |  |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | if any  | eemed<br>tion Date,<br>h/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |   | of           | r<br>osed<br>(1. 3, 4 | Expiration D<br>(Month/Day/  |         | ate                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | Der<br>Sec<br>(Ins                                    | Price of<br>ivative<br>curity<br>str. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4) |  |
|  |  |  |         |                                    | Code                                    | v   | (A)          | (D)                   | Date<br>Exerci   | sable   | Expiration<br>Date    | Title  | Amoun<br>or<br>Numbe<br>of<br>Shares                                      | r   |   |  |   |  |   |  |

## **Explanation of Responses:**

 $1. The \ original \ Form \ 4/A \ solely \ to \ correct \ the \ transaction \ code \ of \ the \ purchase.$ 

/s/ Bruce Bernstein

08/20/2021

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.