FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Gardini Marisa | | | | | | 2. Issuer Name and Ticker or Trading Symbol XCel Brands, Inc. [XELB] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|--|--------|-------|---|-------|---|-----|--|-------------------|---|---|-------|-----------------|---------------------|---|---|---|--|---|----------|--|
| | | | | | | | | | | | | | | | | | er (give title | | | | |
| (Last) (First) (Middle) | | | | | 3. D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | below) | | | Other (specify below) | | |
| C/O XCEL BRANDS, INC. | | | | | 11/ | 11/21/2012 | | | | | | | | See Remarks | | | | | | | |
| 475 10TH AVENUE, 4TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | ine) X | Form | n filed by One | o Donort | ina Doro | on | |
| NEW YO | ORK N | Y 1 | .0018 | | | | | | | | | | | | Λ | | n filed by Moi | | • | | |
| - | | | | | | | | | | | | | | | | Pers | | ie iliali c | ле пер | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | | rities Acquired (A ed Of (D) (Instr. 3, | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | |
| Common Stock 11/21/ | | | | | | 2 | | | F ⁽¹⁾ | | 12,20 | 6 | D | \$3 | 5 3 ⁽²⁾ 5 0 | | 500,744 | |) | | |
| | 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) | vative Conversion Date Execution Date, Trity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | ı of l | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | |

Explanation of Responses:

- 1. Represents surrender of shares to the issued in payment of tax liability incident to the vesting of restricted stock.
- 2. Represents Fair Market Value as determined by the Board of Directors.

Remarks:

Executive Vice President of Strategic Planning and Marketing

<u>/s/ Marisa Gardini</u> <u>11/21/2012</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 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.