FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

VIII I LO F	7110		COMMIN
Washington	DC	0549	

OMB APF	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

	Check this box if no longer subject to
1	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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-

		0.												_							
1. Name and Address of Reporting Person*  DILLARD MIKE				2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
				_	<del>-</del>									☑ Director 10% Owner							
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									V	belov	,		belov	*		
1600 CANTRELL RD					11/05/2024									EXECUTIVE VICE PRESIDENT							
(Street)				_ [·	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)							
LITTLE	ROCK AF	R 7	2201											V	_			porting Pe			
(City) (State) (Zip)															Perso		lore th	an One Re	eporting		
		Table	I - Non-Der	ivati	ve S	Secui	ities	Ac	quire	d, Di	sposed o	f, or B	enefic	ial	ly Own	ed					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution Date,		·	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)	ed (A) or tr. 3, 4 an	and Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Ì	Code	v	Amount	(A) or (D)	Price			orted saction(s) tr. 3 and 4)			(Instr. 4)		
Common Class A 1			11/05	/2024	)24				Α		97	A	\$379.	19	536,293		D				
Common	Common Class A - Retirement Plan												0		D						
Common	Class A														41,496(1)		I		See Footnote <sup>(1)</sup>		
Common	Class A														7 3	00(2)			See Footnote		
Common	Cluss 11													,,500				(2)			
		Tal	ble II - Deriv								oosed of, convertib				Owne	d					
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Nu	mber	6. Da	ite Exe	cisable and	7. Title	e and	8	. Price of	9. Numb		10.	11. Nature		
Derivative Security (Instr. 3)	ty or Exercise (Month/Day/Year) if any		c	Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration I (Month/Day			Amount of Securities Underlying Derivative Security (Ins 3 and 4)		s	Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	es ally g d tion(s)	Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownershi t (Instr. 4)			
													Amount or Number								
					ode	v	(A)	(D)	Date	cisable	Expiration Date	Title	of Shares								

- 1. These shares are held by W.D. Company, Inc. The reporting person owns 26.3% of W.D. Company, Inc. and is one of its directors and officers. W. D. Company, Inc. also holds 3,985,776 shares of Class B Common Stock, which are convertible into shares of Class A Common Stock on a one-for-one basis.
- 2. Trustee of GST Trust

## Remarks:

The reporting person disclaims beneficial ownership of the shares reported herein as indirectly beneficially owned, except to the extent of his pecuniary interest therein.

/s/ Mike Dillard 11/07/2024

\*\* 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.