FORM 4

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

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ashington,	D.C. 2	0549		

ington, D.C. 20049	OMB APPROVAL			
ES IN BENEFICIAL OWNERSHIP	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

STATEMENT OF CHANG

					or Se	ection 3	(h) of the I	nvestme	ent Co	mpany Act o	f 1940					
Name and Address of Reporting Person*     Worley Dean L.					2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) 1600 CANTRELL RD					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023								A belov	Officer (give title below)  VP/GENERAL COUNSEL & SECRETARY		
(Street) LITTLE ROCK AR 72201 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lin	ndividual or Joint/Group Filing (Check Applicable a)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
				n Donis	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.  Vative Securities Acquired, Disposed of, or Beneficially Owned											
		lable	I - NO	n-Deriva	itive	Secur	Titles Acc	uirea	, DIS	posea or	, or Be	neticia	llly Own	ea		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.			y/Year) Execution		eemed ition Date, h/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefi Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price		ction(s) 3 and 4)		(Instr. 4)		
Common Class A 11/20/2				023			A		13	A	\$343.	91 6	5,395	D		
Common Class A - Retirement Plan											3	,313	D			
		Tal	ble II -							osed of, c				d		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			nd of es ng /e (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

/s/ Dean L. Worley

11/22/2023

\*\* Signature of Reporting Person Date

Amount or Number

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

Code

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.

(A) (D) Date Exercisable

Expiration Date

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).