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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL							
	OMB Number: 3235-0287 Estimated average burden								
	hours per response	: 0.5							

	ction 1(b).			Filed	l pursua or Se	ant to S ection 3	Section 30(h) a	n 16(a of the	) of the Investn	Secur	rities Exchanç ompany Act o	ge Act o of 1940	f 1934		Lilot	uis pei i	esponse:	0.5	
Name and Address of Reporting Person*     Dillard Deborah						2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) 1600 CANTRELL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/22/2021									X Officer (give title Other (specify below)  Senior Vice President				
(Street) LITTLE ROCK AR 72201 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - N	on-Deriva	ative	Secu	rities	Ac	quire	d, Di	sposed of	f, or B	enefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y				Execution Date,				Acquired (A) or (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Class A 11/22/202				21		A		13	A	\$369.2	133,654			D					
Common Class A - Retirement Plan													25,	,282		D			
Common Class A													7,3	00(1)		I	See Footnote <sup>(1)</sup>		
		Tal	ble II	- Derivat (e.g., pı							oosed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Code 8)	Transaction of Code (Instr. Derivativ		vative prities uired or osed ) r. 3, 4	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transaci (Instr. 4)	ve es ially ng d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownershi ct (Instr. 4)			

## **Explanation of Responses:**

1. Trustee of GST Trust

/s/ Deborah Dillard

11/24/2021

\*\* 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.