FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|---------------------------------------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| | OMB Number: Estimated average burd | | | | |

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BOLTE TONY J | | | | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | | | | | | | | (Check all ap | | cable) or | g Person(s) to Issuer 10% Owner | | |
|--|--|--|---|-------|--------|--|--|---------|---|--|--------------------|-------|---|---------|--|---------------------------------------|--|---|--|--|
| (Last) 1600 CA | (Last) (First) (Middle) 1600 CANTRELL ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2019 | | | | | | | | | | officer below) | | | Other (specify below) | |
| (Street) LITTLE (City) | ROCK A | AR 72201 (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date | | n Date, | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secur Benef | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , т | ransact nstr. 3 a | tion(s) | | (11301. 4) | |
| Common Class A 08/0 | | | | | 6/2019 | | | | A | | 4 | | A | \$69.87 | | 1,901 | | D | | |
| Common Class A - Retirement Plan | | | | | | | | | | | | | | | 4,401 | | D | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ransaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pric Deriva Securi (Instr. | tive d ty S 5) B C F R | 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 | Code V | | | Date Exercisa | | Expiration Date | Title | of | mber | | | | | | |

Explanation of Responses:

Remarks:

/s/ Tony J. Bolte 08/08/2019

** Signature of Reporting Person Date

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

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.

^{*} 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).