FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burde	en					
	hours per response:	0.5					

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

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*  McNiff Michael S.  (Last) (First) (Middle)  1600 CANTRELL ROAD						2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]  3. Date of Earliest Transaction (Month/Day/Year) 12/30/2019									5. Relationship of Reporti (Check all applicable) Director X Officer (give title below)			ng Person(s) to Iss 10% Ov Other (s below) President		wner (specify
(Street) LITTLE ROCK AR 72201 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv _ine) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			3. 4. Securitie Transaction Code (Instr. 5)				cquired	(A) o	r	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
Common	Class A	12/30	0/2019	2019		Code	v	Amount 220	(		Pric	e 3.47	Reported Transaction(s) (Instr. 3 and 4)		D		(Instr. 4)			
Common Class A - Retirement Plan														$\neg$	2,002		D			
Common Class A																66		Ι		Owned by Spouse
		Ta									sed of, onvertib					/ned				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of E		6. Date E Expiratio (Month/D	n Date	е	e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Owne Form Direc or Ind (I) (In	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	ount nber ares						

**Explanation of Responses:** 

Remarks:

/s/ Michael S. McNiff 1

12/31/2019

\*\* 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.

<sup>\*</sup> 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).