FORM 4

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

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5     |
| obligations may continue. See       |
| Instruction 1(b).                   |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     BOLIN TOM W  |  |        |   |          |   | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ] |                              |   |                     |   |                    |                  |                              |  | onship of Reporting<br>all applicable)<br>Director<br>Officer (give title |                       | ng Person(s) to Iss<br>10% Ow<br>Other (s |   | /ner    |  |
|--|--|--------|---|----------|---|---|------------------------------|---|---------------------|---|--------------------|------------------|------------------------------|--|---|-----------------------|---|---|---------|--|
| (Last)<br>1600 CA  | (F<br>NTRELL   | ,      | (Middle)                                |          |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2023         |                              |   |                     |   |                    |                  |                              |  | below)  VICE PRESIDI  |                       |   | below)  | specify |  |
| (Street)   | (Street)   |        |   |          |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)            |                              |   |                     |   |                    |                  |                              | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person                    |   |                       |   |   |         |  |
| LITTLE   | LITTLE ROCK AR 72201   |        |   |          |   |   |                              |   |                     |   |                    |                  |                              | Form filed by More than One Reporting<br>Person  |   |                       |   |   |         |  |
| (City)   | (\$  | State) | (Zip)                                   |          | Rule 10b5-1(c) Transaction Indication         |   |                              |   |                     |   |                    |                  |                              |  |   |                       |   |   |         |  |
| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |        |   |          |   |   |                              |   |                     |   |                    | ın that is inter | nded to                      |  |   |                       |   |   |         |  |
|  |  | Table  | e I - No                                | n-Deriva | tive S  | Secui   | rities                       | Acc   | uired               | , Dis   | posed of           | , or B           | enefici                      | ally   | Own   | ed                    |   |   |         |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)   |  |        |   |          | Execution Date,                               |   |                              | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities<br>Disposed O<br>5) |                     |   |                    |                  | nd Securit<br>Benefic        |  | ties<br>cially<br>Following   | Forn<br>(D) c         | n: Direct<br>or Indirect<br>nstr. 4)      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |         |  |
|  |  |        |   |          |   |   |                              |   | Code                | v   | Amount             | (A) or<br>(D)    | Price                        | - 1  | Transa  | action(s)<br>3 and 4) |   |   |         |  |
| Common   | mmon Class A 09/18/  |        |   |          | .023  |   |                              |   | A                   |   | 18                 | A                | \$315                        | 1,080  |   | ,080,                 |   | D   |         |  |
| Common Class A - Retirement Plan   |  |        |   |          |   |   |                              |   |                     |   |                    |                  |                              | 6,286  |   |                       | D   |   |         |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)   |  |        |   |          |   |   |                              |   |                     |   |                    |                  |                              |  |   |                       |   |   |         |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2. Conversion Date Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year) |        | 4.<br>Transaction<br>Code (Instr.<br>8) |          | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispe | r<br>osed<br>)<br>r. 3, 4   | 6. Date<br>Expirat<br>(Month | tion D  |                     | Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ir<br>3 and 4) |                    |                  |                              | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owner<br>Form:<br>Direct<br>or Indi<br>(I) (Ins                           | Ownership             | Beneficial<br>Ownership<br>ect (Instr. 4) |   |         |  |
|  |  |        |   |          | Code V  |   | (A)                          | (D)   | Date<br>Exercisable |   | Expiration<br>Date |                  | or<br>Number<br>of<br>Shares |  |   |                       |   |   |         |  |

**Explanation of Responses:** 

/s/ Tom W Bolin

09/19/2023

\*\* 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).