FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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ı	nd Address of	2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
	IND WIIN	<u>.11</u>												X Director 10% Own				Owner		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023									X Officer (give title below)			r (specify v) OFNT		
1600 CA	NTRELL I	RD												EXECUTIVE VICE PRESIDENT						
(Street) LITTLE ROCK AR 72201						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					
,														Pers				oporung		
(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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																		
		Table	I - N	lon-Deriva	tive S	ecu	rities	Ac	quire	d, Di	sposed o	f, or E	Benefici	ially Owi	ned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Execution Date,			e,	3. Transac Code (I 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Beneficially Owned 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	Reporte Transac (Instr. 3	tion(s)					
Common Class A 08/01/202					3				A		86	A	\$341.2	3 493	493,659		D			
Common Class A - Retirement Plan														41,	41,232		D			
Common Class A														41,4	41,496(1)		I	See Footnote <sup>(1)</sup>		
Common Class A														7,3	7,300 <sup>(2)</sup>		I	See Footnote <sup>(2)</sup>		
		Tab	le I	l - Derivativ (e.g., pu							oosed of, convertib				d					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, Truity or Exercise (Month/Day/Year) if any				4. 5. Number Code (Instr. of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		B. Price of Derivative Security (Instr. 5)  Grivative Securiti Securiti Benefic Owned Followin Reporte Transac (Instr. 4)		ve Ownersi es Form: ially Direct (I or Indire d tion(s)		Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares									

## **Explanation of Responses:**

1. These shares are held by W.D. Company, Inc. The reporting person owns 26.3% of W.D. Company, Inc. and is one of its directors and officers. W. D. Company, Inc. also holds 3,985,776 shares of Class B Common Stock, which are convertible into shares of Class A Common Stock on a one-for-one basis.

## Remarks:

The reporting person disclaims beneficial ownership of the shares reported herein except to the extent of his pecuniary interest therein.

<u>/s/ Mike Dillard</u> <u>08/02/2023</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.

<sup>2.</sup> Trustee of GST Trust