FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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

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Name and Address of Reporting Person* STOCKMAN JAMES D					2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS]									ntionship of Report all applicable) Director		10% O		wner	
(Last) 1600 CA	(Fii	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2023								X	Officer (give title below) VICE PF		Other (sp below) ESIDENT		specify
(Street)	ROCK AI	R 7	2201		4. If Amendment, Date of Original Filed (Month/Day/Year)									3. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ended to								
		Table	I - No	n-Deriva	tive S	ecui	ities	Acc	uired,	Dis	posed of	f, or E	Benefi	cially	/ Owr	ned			
Date			2. Transacti Date (Month/Day	Execution Da			ion Date, Transac Code (Ir							5. Amount of Securities 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) (D)	Price		Transa	eported ansaction(s) nstr. 3 and 4)			
Common Class A 05/				05/22/20	.023				A		21	A	\$29	\$290.14		34,664		D	
Common Class A - Retirement Plan														2		20,892		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	rcise (Month/Day/Year) if any if (Month/Day/Year) tive			Transaction Code (Instr. 8) Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities nired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		unt per				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ James D Stockman

05/24/2023

** Signature of Reporting Person

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.