FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

to Sec obligat	this box if no lo tion 16. Form 4 tions may contin tion 1(b).	or Form 5	STA		pursua	ant to S	ection 16(a)	of the S	Securi	NEFICIA ties Exchang impany Act o	e Act of 1		SHIP	Estim	Number: ated average bur per response:	3235-0287 den 0.5	
1. Name and Address of Reporting Person [*] Johnson Chris B.				2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS]							neck all app Direc	licable)	10% Owne				
(Last) (First) (Middle) 1600 CANTRELL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022						A below	v)				
(Street) LITTLE (City)	ROCK AF		2201 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	e) X Form Form	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table	I - No	on-Deriva	tive S	Secui	rities Acc	quired	, Dis	posed of	, or Be	neficia	ally Own	ed			
1. Title of Security (Instr. 3) Date (Month/Day			Execution Date		ition Date,	3.4. Securities Acquired (/ Disposed Of (D) (Instr. 3 5)3.5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	Transa	action(s) 3 and 4)		(Instr. 4)			
Common Class A 01/03/2				022			A		27	A	\$265.	95 8	3,305	D			
Common Class A - Retirement Plan													8	3,787	D		
		Tal	ble II ·							osed of, o convertib				d			
Derivative Security Conversion Date Execution Date, if any		4. Transa Code (8)		on of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)				

Explanation of Responses:

/s/ Chris B. Johnson

Title

Expiration Date

Date Exercisable

Amount or Number

of Shares

** Signature of Reporting Person Date

01/05/2022

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).

v

Code

(A) (D)

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.