FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

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OMB APPROVAL IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* DILLARD WILLIAM T II			2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) 1600 CA	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/05/2023							X Officer (give title Other (specify below) CEO, CHAIRMAN OF BOARD					
(Street) LITTLE ROCK AR 72201				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 Form filed by More than One Reporting						
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication					on	Person							
	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.									ended to								
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benefici	ally Owr	ned			
Da		2. Transact Date (Month/Day	Execut ny/Year) if any		Deemed cution Date, ly nth/Day/Year)				Disposed O	es Acquired (A) or Of (D) (Instr. 3, 4 and		nd Securiti Benefic	Beneficially Owned Following		Direct Indirect It. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	Price	Transac (Instr. 3	tion(s)			Instr. 4)
Common Class A 04/05/2		04/05/2	023			G		1,500	D	\$0	941	941,396		D				
Common Class A - Retirement Plan													38		D			
Common Class A												41,4	496 ⁽¹⁾		1 1	See Footnote ⁽¹⁾		
Common Class A												7,3	00(2)		1 1	See Footnote ⁽²⁾		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
		Transa Code (of Exp		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	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 27.4% 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.
- 2. Trustee of GST Trust Remarks: Remarks: The reporting person disclaims beneficial ownership of the shares reported herein as indirectly beneficially owned, except to the extent of his pecuniary interest therein

Remarks:

Remarks: Remarks: The reporting person disclaims beneficial ownership of the shares reported herein as indirectly beneficially owned, except to the extent of his pecuniary interest therein.

/s/ Willaim T Dillard, II 04/07/2023

** Signature of Reporting Person Date

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.