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 to Section 16. Form 4 or Form 5 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

							, (, 0	i tilo i		00	inpany Act (	71 10 10							
Name and Address of Reporting Person*     BOLIN TOM W					2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]										ationship of Report ( all applicable) Director		10% C		Owner
(Last) 1600 CA	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/24/2023									X	Officer (give title below)  VICE PRE			Other ( below) DENT	specify
(Street) LITTLE ROCK AR 72201					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Grou Line)  X Form filed by One Form filed by Monerson									ie Rej	porting Pers	son		
(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 - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or E	3enefi	cially	/ Owr	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				(Year) Execution		ition Date,		Transaction Dis		Disposed 0	4. Securities Acquired ( <i>A</i> Disposed Of (D) (Instr. 3. 5)			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	•		ted action(s) 3 and 4)			
Common	023				A		18	A	\$31	\$311.48		1,044		D					
Common Class A - Retirement Plan															6,283		D		
		Tab	le II -	Derivativ (e.g., pu							osed of, convertib				Owne	ed			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution urity or Exercise (Month/Day/Year) if any			ution Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	rative rities nired r osed ) r. 3, 4	6. Date Expirati (Month/	ion Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and  Amou or Numb of Title Share		nt er		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

/s/ Tom W. Bolin

07/26/2023

\*\* 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.