## SEC Form 4

# FORM 4

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

OMB APPROVAL

OMB Number:	3235-0287								
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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 or Section 30(h) of the Investment Company Act of 1940

r										
1. Name and Address of	1 0	2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MATHENY DRUE		, <u></u> ,,	X	Director	10% Owner					
(Last) (Fir 1600 CANTRELL F	, , ,	3. Date of Earliest Transaction (Month/Day/Year) 06/28/2021	x	Officer (give title below) Executive Vice	Other (specify below) President					
(Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fili	ng (Check Applicable					
LITTLE ROCK AR	R 72201		X	Form filed by One Re	porting Person					
(City) (State) (Zip)		—		Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
06/28/2021		A		40	A	\$184.23	407,890	D		
							40,532	D		
							7 <b>,</b> 300 <sup>(1)</sup>	I	See Footnote <sup>(1)</sup>	
							650 <sup>(2)</sup>	I	See Footnote <sup>(2)</sup>	
	Date (Month/Day/Year)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8) Code	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code (Instr. 8)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of 5)   Code V Amount	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Inst 5)   Code V Amount (A) or (D)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. Disposed Of (D) (Instr. 3, 4 and 5)   Code V Amount (A) or (D) Price	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(e.g., pr	113, 0	ans, v	van	ants,	options, t		10 30	cunics	<b>'</b>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/N	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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Trustee of GST Trust

### 2. Owned by spouse

**Remarks:** 

/s/ Drue Matheny

06/29/2021

\*\* 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.