FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington, D.C. 20049		

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

1(0). 0	ee Instruction 1	0.			_															
1. Name and Address of Reporting Person* LITCHFORD MIKE				2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
LITCHFORD MIKE															Direc			10% O		
,					2 D	oto of E	arliant	Trong	action (Month	/Day/Voor\			1	Office	er (give title		Other (: below)	specify	
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024								20.01	VICE PRESIDENT					
1600 CANTRELL RD						00/20/2021								VICE I RESIDENT						
(Street)					4. If <i>i</i>	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year	,		vidual or	Joint/Grou	p Filin	ıg (Check A	pplicable	
'	ROCK AF	7	2201											Line) Form filed by One Reporting Person						
LITTLE	ROCK AI	,	2201											•		•		•		
(City) (State) (Zip)														Form filed by More than One Reporting Person						
(=:-,)																				
		Table	I - No	n-Deriva	ative \$	Secu	rities	Acc	quired	l, Dis	posed of	, or E	Benef	icially	/ Own	ed				
1. Title of S	Security (Inst	r. 3)		2. Transact	tion		eemed		3.		4. Securities				5. Amo				7. Nature	
				Date (Month/Day	y/Year)			cution Date,		Transaction Dis		Disposed Of (D) (Instr. 3, 4		4 and Securi Benefi				Form: Direct (D) or Indirect	of Indirect Beneficial	
			[`	,,			h/Day/Year)		8)					Owned Following Reported		(l) (Instr. 4)		Ownership (Instr. 4)		
								Code	Code V Amount		(A) or Price		Transa		action(s) 3 and 4)			(111311. 4)		
												(D)	_		1					
Common	Class A			08/26/2	2024				A		13	A	\$3	54.25	3	,023		D		
Common Class A - Retirement Plan															3	,494		D		
		Tal	ble II -	- Derivati	ive Se	curi	ties <i>l</i>	Acqu	ired,	Disp	osed of,	or Be	nefic	ially (Owne	d		,		
											convertib									
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. Transaction Code (Instr. 8)		of	r osed) r. 3, 4	6. Date Exercisab Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	Price of derivative surity Securities Beneficial Owned Following Reported Transactio (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership t (Instr. 4)	
					Code	v	V (A) (D)		Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

/s/ Mike Litchford

08/28/2024

** 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.