FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     BOLIN TOM W					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)				
(Last) 1600 CANT	(First	:) (N	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 10/23/2023								Officer below)	(give title	10% Owner Other (specify below)  ESIDENT	
(Street)	OCK AR	7.	2201	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(Stat	e) (Z	Zip)		Rul	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.																	
		Tab	le I - Noi	n-Deri	vative	Sec	uritie	s Acq	uired, [	)isp	osed of	, or l	Bene	ficially	Owned			
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefici Followin	es ially Owned ng	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Class A 10/23					3/2023				A		22		A	\$316	1,	102	D	
Common Class A - Retirement Plan															6,	286	D	
		Т	able II - I (						,	•	sed of, on			•	wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		e	and of Securities Underlying Derivative Sec (Instr. 3 and 4)		security	8. Price of Derivative Security (Instr. 5)	Beneficial Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	l l	Amount or Number of Shares		Transactio (Instr. 4)	m(s)	

Explanation of Responses:

/s/ Tom W Bolin

10/25/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).