FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| UNIB APPI           | ROVAL     |
|---------------------|-----------|
| 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.

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*  Worley Dean L. |         |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ] |                                      |                |   |        |   |   | Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |   |                                 |   |                               |   |  |   |                 |                                      |
|--|---------|--|--|--------------------------------------|----------------|---|--------|---|---|--|---|---------------------------------|---|-------------------------------|---|--|---|-----------------|--------------------------------------|
| (Last)<br>1600 CA  | (Fir    | ,  | Middle)  |                                      |                | 3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024 |        |   |   |  |   |                                 | V   | 000 / 100                     |   |  |   | specify         |                                      |
| (Street) LITTLE (City)                                   | ROCK AF |  | 2201<br>Zip)   |                                      | 4. If <i>i</i> | Amend   | ment,  | Date o  | of Origin                                   | al File  | d (Month/Da                             | ıy/Year                         | )   | 6. Indi<br>Line)              | Form  | r Joint/Grou<br>filed by On<br>filed by Mo<br>on   | e Reporting   | Perso           | on                                   |
|  |         | Table                                      | I - No   | n-Deriva                             | ative \$       | Secu  | rities | Acc   | uired                                       | , Dis  | posed of                                | , or E                          | Benefi  | cially                        | / Own   | ed   |   |                 |                                      |
| Date   |         |  | Date   | Date Execu<br>Month/Day/Year) if any |                | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        |   |   | es Acquired (A)<br>Of (D) (Instr. 3, 4   |   | 4 and Securi<br>Benefi<br>Owned |   | ties<br>cially<br>I Following | 6. Owners<br>Form: Dire<br>(D) or Indi<br>(I) (Instr. 4 | rect   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                 |                                      |
|  |         |  |  |                                      |                |   |        | Code  | v   | Amount   | (A) o                                   | Pric                            | e   |                               | nsaction(s)<br>tr. 3 and 4)                             |  |   | (Instr. 4)      |                                      |
| Common Class A 08/26/2                                   |         |  | 08/26/2  | 024                                  |                | A   |        | 13  | A   | \$3  | 54.25                                   | 6                               | 5,449   | D                             |   |  |   |                 |                                      |
| Common Class A - Retirement Plan                         |         |  |  |                                      |                |   | 3,391  |   | D   |  |   |                                 |   |                               |   |  |   |                 |                                      |
|  |         | Tal  | ole II -   |                                      |                |   |        |   |   |  | osed of,<br>convertib                   |                                 |   |                               | Owne  | d  |   |                 |                                      |
| Derivative Conversion Date                               |         | 3. Transaction<br>Date<br>(Month/Day/Year) | Execut<br>if any   | Execution Date, f any                |                | 4.<br>Transaction<br>Code (Instr.<br>8)                     |        | vative<br>urities<br>uired<br>or<br>osed<br>))<br>r. 3, 4 | 6. Date Exer<br>Expiration D<br>(Month/Day/ |  | cisable and 7. 1<br>ate Year) Sec<br>Un |                                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                               | Price of<br>rivative<br>curity<br>str. 5)               | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owne<br>Form<br>Direc<br>or Ind<br>(I) (In          | t (D)<br>lirect | Beneficial<br>Ownershi<br>(Instr. 4) |
|  |         |  |  |                                      | Code           | v   | (A)    | (D)   | Date<br>Exercisable                         |  | Expiration<br>Date                      | Title                           | Amour<br>or<br>Number<br>of<br>Shares   | er                            |   |  |   |                 |                                      |

**Explanation of Responses:** 

/s/ Dean L. Worley

08/28/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.