FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject |
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| | to Section 16. Form 4 or Form 5 |
| \cup | 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

| 1. Name and Address of Reporting Person* MATHENY DRUE | | | | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|---|---|------------------------------------|---|--|--------|--|---|---------------------------------|--------|--------------------|--|---|---|--|---|---|------------------------------|--------------------------------|--------------------------------|--|--|--|
| (Last) (First) (Middle) 1600 CANTRELL RD | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2023 | | | | | | | | | X Officer (give title Other (specify below) below) EXECUTIVE VICE PRESIDENT | | | | | | | | | | |
| (Street) LITTLE ROCK AR 72201 | | | | 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) | 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. | | | | | | | | | | | | | | | nded to | | | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | ities | Acc | quired | d, Di | sposed o | f, or E | Benefici | ally C | ıw | ned | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Ye | Execution Date, | | e, - | 3. Transaction Disposed Code (Instr. 8) | | | | 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) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | | · | | | |
| Common Class A | | | 06/26/2023 | | | | | A | | 27 | 27 A \$3 | | 18 411,098 | | ,098 | D | | | | | | |
| Common Class A - Retirement Plan | | | | | | | | | | | | 39,228 | | 228 | D | | | | | | | |
| Common Class A | | | | | | | | | | | | | 7,300 | | 300 | I(1) | | See Footnote ⁽¹⁾ | | | | |
| Common Class A | | | | | | | | | | | | | | 650 | | | I ⁽²⁾ | | See Footnote ⁽²⁾ | | | |
| | | Tab | le II | - Derivativ (e.g., pu | | | | | | | posed of, convertib | | | | vne | ed | | | | | | |
| Derivative Conversion Date Exercise (Month/Day/Year) if | | Date Exe (Month/Day/Year) if ar | | Deemed cution Date, y nth/Day/Year) | | ansaction Number | | ative rities ired osed | Expira | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | 9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4) | e Owner Form: Direct or Indi | | nip () ct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | V | (A) (D) | | Date Exerc | isable | Expiration Date | Title | or Number of | | | | | | | | | | |

Explanation of Responses:

- 1. Trustee of GST Trust
- 2. Owned by spouse

/s/ Drue Matheny

06/28/2023

** 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.