FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
١	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

	Check this box if no longer subject
$\neg$	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

1. Name a Dillard	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)  X 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)  SENIOR VICE PRESIDENT					
(Street) LITTLE ROCK AR 72201						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						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.													
		Table	I - N	Ion-Derivat	ive S	ecu	rities	Ac	quire	d, Di	sposed o	f, or E	3enefici	ally Owi	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Execution Date,						Acquired (A) or (D) (Instr. 3, 4 and		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 06/26/202						23			A		21	A	\$324.1	135	135,628		D		
Common	Class A - F	Retirement Plan												26,	,669		D		
Common Class A													7,300(1)				See Footnote <sup>(1)</sup>		
		Tab	le II	l - Derivativ (e.g., put							oosed of, convertib				ed				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date urity or Exercise (Month/Day/Year) if		Exe if ar	ny ´	4. Transaction Code (Instr.		5. Numl of Deriv Secu Acqu (A) o Dispo of (D (Instr	rative irities ired r osed ) r. 3, 4	Expi (Mon	ration I hth/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5) Benefic Owned Followin Reporte Transac (Instr. 4)		ive ies Form: cially Direct or Indii ng (I) (Inste		Beneficial Ownership ct (Instr. 4)	

## Explanation of Responses:

1. Trustee of GST Trust

/s/ Deborah Dillard

\*\* Signature of Reporting Person

06/28/2023

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.