FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL												
OMB Number:	3235-0287											
Estimated average burden												

0.5

hours per response:

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-

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) 12/30/2024									Officer (give title Other (specify below) EXECUTIVE VICE PRESIDENT							
(Street) LITTLE ROCK AR 72201 (City) (State) (Zip)														6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secur	ities	Acc	quired	I, Dis	posed of	, or B	enefici	ally (Own	ed			
1. Title of Security (Instr. 3)		2. Transacti Date (Month/Day	Execution Date,			3. Transactio Code (Inst				ed (A) or tr. 3, 4 an	d Se Be Ov	5. Amount of Securities Beneficially Owned Following Reported		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	Tra	ansact nstr. 3 a	ion(s)			(instr. 4)
Common Class A			12/30/20	2024				A		18	A	\$445.	5.4 403,365		,365	D			
Common Class A - Retirement Plan														36,	533		D		
Common Class A														7,300 ⁽¹⁾			I	See Footnote ⁽¹⁾	
Common Class A												2,650(2)			I	See Footnote ⁽²⁾			
		Tal	ble II								osed of, convertib				wned	d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any		tion Date, Tra		saction of Der Sec Acc (A) Dis of (sed 3, 4	6. Date Expira (Monti	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivativ Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date		Amount or Number of Shares						

Explanation of Responses:

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

/s/ Drue Matheny

12/31/2024

** 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.