FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| /ashington, | D.C. | 20549 |
|-------------|------|-------|
| vasimigton, | D.O. | 20070 |

| 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

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

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* Jazic Annemarie | | | | | | 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) 1600 CA | (Fir | , , | | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2023 | | | | | | | | X Officer (give title Other (specify below) below) VICE PRESIDENT | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) LITTLE ROCK AR 72201 | | | | | | | | | | | | | | 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 pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive | Secu | rities | Acc | uired | , Dis | sposed of | , or B | eneficia | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | and Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| Common Class A 12/11/2 | | | 023 | | | | G | | 90 | A | \$0 | 38, | 38,072 | | D | | | | |
| Common Class A | | | 12/11/2 | | | G | | 270 | D | \$0 | 37, | 37,802 | | D | | | | | |
| Common Class A | | | 12/11/2023 | | | | G | | 180 | A | \$0 | 41,2 | 41,251(1) | | | See Footnote ⁽¹⁾ | | | |
| Common Class A 12/ | | | 12/11/2 | 12/11/2023 | | | | G | | 540 | A | \$0 | 8,9 | 8,951(2) | | | See Footnote ⁽²⁾ | | |
| Common | Class A - F | Retirement Plan | | | | | | | | | | | 6,076 | | D | | | | |
| Common Class A | | | | | | | | | | | | 250(3) | | | | See Footnote ⁽³⁾ | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, Truity or Exercise (Month/Day/Year) if any | | Transa | nsaction of De Se Ac (A) Dis | | osed) r. 3, 4 | 6. Date Expira (Month | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4) | re es ally ig d tion(s) | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | | |
| | | | | Code | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Trustee on shares held in Trust accounts.
- 2. Grantor for shares held in children's trust accounts.
- 3. Owned by Spouse

/s/ Annemarie Jazic

12/13/2023

** 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.

 $^{^{\}star}$ 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).