FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Check this box to indicate that a transaction was made pursuant to a

defens 1(c). Se	e conditions of ee Instruction 1	Rule 10b5- 0.																
1. Name and Address of Reporting Person* DILLARD ALEX					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						
				_								Office	er (give titl	e	Other	(specify		
(Last) 1600 CA	(Fir NTRELL F	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/11/2024								below) below) PRESIDENT					
(Street) LITTLE ROCK AR 72201					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Sta	ate) (2	Zip)										Person					
		Table	I - No	n-Deriva	tive S	Secur	rities Acc	uired	, Dis	posed of	, or Be	nefici	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)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 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 a	ion(s)		"	nstr. 4)	
Common Class A		12/11/2024				G		858	D	\$0	1,01	7,292	D					
Common	Class A												41,496		I		See Cootnote ⁽¹⁾	
Common	Class A												7,300				lee Tootnote ⁽²⁾	
Common	Class A												36,530		I		See Sootnote ⁽³⁾	
Common Class A - Retirement Plan												0	D					
		Tal	ble II ·							osed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Followin Reported Transact (Instr. 4)	ative rities ficially ed wing rted saction(s)		Beneficial Ownershi (Instr. 4)				

Explanation of Responses:

1. These shares are held by W.D. Company, Inc. The reporting person owns 27.9% of W.D. Company, Inc. and is one of its directors and officers. W. D. Company, Inc. also holds 3,985,776 shares of Class B Common Stock, which are convertible into shares of Class A Common Stock on a one-for-one basis.

Exercisable

- 2. Trustee of GST Trust
- 3. Owned by Spouse.

Remarks:

The reporting person disclaims beneficial ownership of the shares reported herein as indirectly beneficially owned, except to the extent of his pecuniary interest therein.

and 5)

(A) (D)

> /s/ Alex Dillard 12/13/2024

** Signature of Reporting Person Date

Amount Numbe

of Shares

Title

Expiration

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).

Code

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.