| SEC Form 4 | |
|------------|--|
|------------|--|

П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burde | en | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Addres | | 1* | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | tionship of Reporting Persor all applicable) | n(s) to Issuer | |
|--------------------|---------|----------|--|-------------------|---|-----------------------|--|
| MATHENY DRUE | | | | Х | Director | 10% Owner | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | Х | Officer (give title below) | Other (specify below) | |
| 1600 CANTREL | L ROAD | | 08/26/2019 | | Executive Vice President | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing ((| Check Applicable | |
| LITTLE ROCK | AR | 72201 | | Х | Form filed by One Reporti | ing Person | |
| (City) | (State) | (Zip) | | | Form filed by More than C Person | One Reporting | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 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 | Transaction(s) (Instr. 3 and 4) | | (1150.4) | | | |
| Common Class A | 08/26/2019 | | A | | 106 | A | \$55.45 | 443,344 | D | | | | |
| Common Class A - Retirement Plan | | | | | | | | 39,593 | D | | | | |
| Common Class A | | | | | | | | 7,300 ⁽¹⁾ | Ι | See Footnote ⁽¹⁾ | | | |
| Common Class A | | | | | | | | 150 ⁽²⁾ | Ι | See Footnote ⁽²⁾ | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (0.9., | | | | | (eigi, pars) valis, valiants, options, convertible scoutties) | | | | | | | | | | | |
|--------|---|---|--|---|---|---|--|---|--|--------------------|---|---|---|--|--|--|
| | 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Trustee of GST Trust

2. Owned by spouse

Remarks:

<u>/s/ Drue Matheny</u>

08/28/2019

** 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.