FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
l	hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* DILLARD ALEX					2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS]									(Check all appoint of the Check all appoints of the Check a		licable)	ing Pers	Person(s) to Issuer 10% Owner	
(Last) 1600 CA	(Fi NTRELL F	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/05/2019									X	Offic below	,	esident	Other below	(specify)
(Street) LITTLE 1 (City)	ROCK A		72201 Zip)		4. If <i>i</i>	1. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	ative	Seci	uritie	s Acc	quired	, Dis	sposed o	f, or B	enefi	cially	y Own	ed			
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired (A) o		and Securit Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	irect direct . 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) oi (D)	Pric	e	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Class A 11/05			11/05/2	2019				A		176	A	\$7	2.59	1,01	2,215	Γ			
Common Class A - Retirement Plan														2	065	Γ			
Common Class A														41,	496(1)	I		See Footnote ⁽¹⁾	
Common	Class A														7,3	300 ⁽²⁾	I		See Footnote ⁽²⁾
Common	Class A														36,	491 ⁽³⁾	I		See Footnote ⁽³⁾
		Ta	ıble II -								osed of, convertib				Owned				
1. Title of Derivative Security 1. Title of Conversion or Exercise (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Conversion Date (Month/Day/Year) 5. Conversion Date (Month/Day/Year) 6. Conversion Date (Month/Day/Year) 7. Conversion Date (Month/Day/Year) 8. Conversion Date (Month/Day/Year) 9. Conversion Date (Month/Day/Year)				on Date,	n Date, Transact Code (Ins		tion of		6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		De Se (In	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amour or Numbe of Shares	er					

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

Remarks:

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.

<u>/s/ Alex Dillard</u> <u>11/07/2019</u>

** 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.