FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor roomana	. 0.5								

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 10b5-1(c). See Instruction 10

## 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(c). S	See Instruction 1	0.																	
1. Name and Address of Reporting Person*  DILLARD ALEX					2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
												Dire	ctor		10% Owner				
(Last) (First) (Middle) 1600 CANTRELL RD				3. Date of Earliest Transaction (Month/Day/Year) 10/28/2024							Officer (give title Other (specify below)  PRESIDENT								
(Street) LITTLE ROCK AR 72201				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								
(City) (State) (Zip)					Form filed by More than One Rep Person								porting						
		Table	I - No	on-Deriva	tive	Secur	ities Ac	quire	d, Di	isposed of	f, or B	enefici	ally Owr	ned					
[			Date Ex (Month/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			and Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Class A 10/28/202				24			A		23	A	\$385.4	8 1,01	8,131	]	D				
Common	Class A												41	,496			See Footnote <sup>(1)</sup>		
Common Class A												7,	300		1 1	See Footnote <sup>(2)</sup>			
Common Class A												36	,548		1 1	See Footnote <sup>(3)</sup>			
Common Class A - Retirement Plan													0	D					
		Tal	ble II							posed of, convertib				d					
	1.					Lans, V		<del></del>	-					1	. 1		T		
Derivative Conversion Date Security or Exercise (Month/Day/Year)		Execu	eemed 4. Ition Date, Transaction Code (Instr. 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	Expir (Mon	ation	ercisable and Date //Year)	7. Title Amou Securi Under Deriva Securi 3 and	nt of ties lying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact (Instr. 4)	g d	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficia Ownersh t (Instr. 4)			
							and 5)												

## **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

Expiration Date

- 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.

(A) (D)

> /s/ Alex Dillard 10/30/2024

\*\* Signature of Reporting Person Date

Amount Numbe

of Shares

Title

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.