FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person*  MUSGRAVE BRANT						2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]								(Chec	k all app Direc	tionship of Reportin all applicable) Director		10% Ov	wner	
(Last) 1600 CA	(Fii NTRELL I	,		3. Date of Earliest Transaction (Month/Day/Year) 07/12/2024								<b>V</b>	Officer (give title below)  CORPORATI		Other (speci below) E VP STORES		. ,			
(Street) LITTLE ROCK AR 72201					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line)	lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person Form filed by More than One Reporting Person				on	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	, or E	Benef	icially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Exe if an	Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)			ies Acquired (A) Of (D) (Instr. 3, 4		4 and Securi Benefi		ties cially I Following	6. Own Form: (D) or I (I) (Inst	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pi	rice	Transa	ed ction(s) 3 and 4)			(Instr. 4)	
Common Class A 07/12/2						2024		G		400	400 D		\$ <mark>0</mark>	3,463		D				
Common Class A - Retirement Plan															8	,375	]	D		
		Tal									sed of, onvertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code ( 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiration (Month/I	on Da	ar) Securities Underlying Derivative Security (Ins 3 and 4)  Amou		Int of rities rlying ative rity (Ins 4)	unt per		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. Dwnership orm: birect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

/s/ Brant Musgrave

07/12/2024

\*\* 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.