FORM 4

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

Washington, D	.C. 20549
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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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     DILLARD ALEX						2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last) (First) (Middle) 1600 CANTRELL RD				3. Date of Earliest Transaction (Month/Day/Year) 04/30/2024								X Officer (give title Other (specification)  PRESIDENT						
(Street)	(Street) LITTLE ROCK AR 72201			4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Appli Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				son	
(City)	(City) (State) (Zip)				$ _{\Box}$	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 - N	on-Deriva	tive	Secur	ities	Ac	quire	d, Di	sposed of	f, or E	eneficia	ılly Own	ed			
		2. Transaction Date (Month/Day/		Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 : 5)			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	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Class A 04/30/			04/30/20	)24				A		824	A	\$438.54	1,017,908			D		
Common Class A													41,	496		1 1	See Footnote <sup>(1)</sup>	
Common Class A													7,300			1 1	See Footnote <sup>(2)</sup>	
Common Class A											36,547				See Footnote <sup>(3)</sup>			
Common Class A - Retirement Plan											78			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	Derivative Security Instr. 3)  Date (Month/Day/Year)  Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			4. Transa Code 8)	(Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed ) : 3, 4	Expiration (Month/Day		(Year)	7. Titl Amou Secur Under Derive Secur 3 and	nt of ities lying ative ity (Instr.	8. Price of Derivative Security (Instr. 5) Benefic Owned Following Reports Transac (Instr. 4)		e es ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (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.
- 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.

/s/ Alex Dillard 05/02/2024

\*\* 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.