FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO                | DVAL      |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 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(h)                       |

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*  MATHENY DRUE        |   |                    |                        |          |       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ] |        |   |                |                           |   |  |        |              | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner   |   |   |  |   |  |
|---|---|--------------------|------------------------|----------|-------|--|--------|---|----------------|---------------------------|---|--|--------|--------------|---|---|---|--|---|--|
| (Last)<br>1600 CA   | (F<br>NTRELL 1  | ,                  | (Middle)               |          |       | 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2019                |        |   |                |                           |   |  |        |              | X Officer (give ti below)  Executiv   |   |   | below  | ´   |  |
| (Street) LITTLE ROCK AR 72201 (City) (State) (Zip)            |   |                    |                        |          |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |        |   |                |                           |   |  |        |              | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |   |  |
|   |   | Tab                | le I - No              | on-Deriv | ative | Sec  | uritie | s Ac  | quired         | l, Dis                    | posed o   | f, or E  | 3enef  | icially      | y Own   | ed  |   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |   |                    |                        |          |       | Execution Date,  |        |   | Transaction Di |                           | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 a<br>5) |  |        |              | and Securities Beneficially Owned Following   |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |
|   |   |                    |                        |          |       |  |        |   | Code           | v                         | Amount  | (A) (D)  | or Pri | ice          | Reporte<br>Transa<br>(Instr. 3  | ction(s)  |   |  | (Instr. 4)  |  |
| Common  | Class A   |                    |                        | 05/28/   | 2019  | 019  |        |   | A              |                           | 109   | A  | \$     | 56.82        | 44  | 2,973   |   | D  |   |  |
| Common Class A - Retirement Plan                              |   |                    |                        |          |       |  |        |   |                |                           |   |  |        |              | 39  | ,537  |   | D  |   |  |
| Common Class A  |   |                    |                        |          |       |  |        |   |                |                           |   |  |        |              | 7,3   | 300(1)  |   | T I  | See<br>Footnote <sup>(1)</sup>                      |  |
| Common Class A  |   |                    |                        |          |       |  |        |   |                |                           |   |  |        |              | 150 <sup>(2)</sup>  |   |   |  | See<br>Footnote <sup>(2)</sup>                      |  |
|   |   | Ta                 | able II -              |          |       |  |        |   |                |                           | osed of,<br>onvertib  |  |        |              | Owned   |   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | e (Month/Day/Year) | Execution Date, if any |          |       | Transaction<br>Code (Instr.  |        | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                | Exerci<br>ion Da<br>Day/Y |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |        | nt De Se (Ir | erivative<br>ecurity<br>nstr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y [   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |  |

## **Explanation of Responses:**

- 1. Trustee of GST Trust
- 2. Owned by spouse

## Remarks:

/s/ Drue Matheny

05/30/2019

\*\* Signature of Reporting Person

Date

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).

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.