FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ton, D.C. 20549 | OMB APPROVAL |
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| | |

| OMB Number: | 3235-0287 |
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| 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* Worley Dean L. | | | | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | | | | | | | | Check all ap Dire | plicable) ector | | Owner | |
| (Last) (First) (Middle) 1600 CANTRELL ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2019 | | | | | | | | | A belo | , | belov | Other (specify below) sel & Secretary | |
| (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 Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - No | n-Deriv | <i>r</i> ative | Se | curiti | es Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally Owr | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | ecurities Acquired (A) posed Of (D) (Instr. 3, | | | nd Secu Bene | nount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tran | action(s) . 3 and 4) | | (11150.4) | |
| Common Class A 05/2 | | | | 3/2019 | | | | A | | 31 | | A | \$56 | .82 | 3,965 | D | | | |
| Common Class A - Retirement Plan | | | | | | | | | | | | | | | 10,389 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owne | I | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemec Execution E if any (Month/Day | Date, Transacti Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount nber ares | | | | | |

Explanation of Responses:

Remarks:

<u>/s/ Dean L. Worley</u> <u>05/30/2019</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).