FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* BOLTE TONY J | | | | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | | | | | | | | | | all app | ll applicable) Director | | Person(s) to Issuer 10% Owner | |
|--|--|------|------------------|---------|------------------------------|---|-------|-------|--------------|--|-----|---------------------|-----------------------------|----------|------------------------|---|--|---|--|---|--|
| (Last) 1600 CA | (Fi NTRELL F | · · | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2019 | | | | | | | | | | X | Office below | , | Other (specify below) resident | | |
| (Street) LITTLE (City) | ROCK Al | | 72201 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) X | Form | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| | | Tabl | le I - Noi | า-Deriv | ative | Se | curit | es Ad | qu | uired, | Dis | posed o | f, o | r Be | nefic | ially | Owne | ed | | | |
| Date | | | Date | e | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | · | Code (Instr. | | | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount (A) or (D) | | Pric | e | | | | | (Instr. 4) | |
| Common Class A 02/0: | | | | | /2019 | | | | A | | 333 | | A | \$6 | 5.75 | 4,101 | | 1 | D | | |
| Common Class A 02/05/ | | | | | /2019 | 2019 | | | A | | 4 | A \$ | | \$6 | 7.59 | .59 4,105 | | D | | | |
| Common Class A - Retirement Plan | | | | | | | | | | | | | | | | 4,081 | | | D | | |
| | | Та | able II - I) | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Price of Derivative Security | | | | 4. Transa Code (8) | Instr. | | | | . Date E: xpiration Month/Da date vate xercisal | | | f g Instr. 3 mount | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or (I) | vnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ Tony J. Bolte

02/05/2019

** 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).