Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e· 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

1. Name and Address of Reporting Person* <u>Johnson Chris B.</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]								Check	all app Direc	ionship of Reportin all applicable) Director Officer (give title		rson(s) to Is 10% O Other (	wner	
(Last) 1600 CA	(Fii NTRELL F	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2023								X	belov	selow) SENIOR VICE		below)	·	
(Street) LITTLE (City)	ROCK AF		2201 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	Form	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)						Execution Date,		3. 4. Securities Acq Transaction Disposed Of (D) Code (Instr. 8) 5)			Acquir f (D) (Ins	ed (A) or str. 3, 4 a	nd	5. Amount of Securities Beneficially Owned Following Reported		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		Transa	action(s) 3 and 4)			(111341. 4)						
Common Class A 04/24/2					023		A		8	A	\$311	L.66	9,233			D				
Common Class A - Retirement Plan													9,046			D				
		Tal	ole II -								osed of, c				Owne	d				
1. Title of Derivative Security (Instr. 3)	ivative curity or Exercise Price of Derivative Security    Date		Transa Code (	Instr.	of	ired r osed ) : 3, 4	6. Date Expira (Month	tion Day/\		Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amou or Numb of		t r		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

/s/ Chris B Johnson

04/26/2023

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).