FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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OMB APPROVAL 87

| 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(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S | ee Instruction 1 | 0. | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|--|--|------|---|--|--|---|---|----------------------------------|------------------------------------|--|---|
| 1. Name and Address of Reporting Person* Worley Dean L. | | | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | | | | | | | 5. Re (Ched | ationship k all app Direc | licable) | ing Person(s) to Issuer 10% Owner | | |
| (Last) 1600 CA | (Fir | | 3. Date of Earliest Transaction (Month/Day/Year) 11/26/2024 | | | | | | | | | Officer (give title below) VP/GENERAL COUNSEL & SECRETARY | | | | | | |
| (Street) LITTLE ROCK AR 72201 | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (Sta | | Zip) | rative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| | | Table | | | Secu | IIIII | S Acq | uireu, | ופוט | Joseu oi, | OI E | ene | IICIAII | y Own | eu | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/l | | | | action Day/Year | Execution D | | | Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | , 4 and Secu Bene | | cially I Following | Form: | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | action(s) 3 and 4) | | | (111501.4) |
| Common Class A 11/26/2 | | | | | 2024 | | G | | 200 | Ι | | \$ <mark>0</mark> | 6,276 | | D | | | |
| Common Class A - Retirement Plan | | | | | | | | | | | | | | 3,391 | | D | | |
| | | Tal | ole II - Deriva (e.g., p | | | | | | | sed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactior Code (Instr. 8) | | of Der Sec Acc (A) Dis of (| rivative curities quired or sposed (D) str. 3, 4 | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | tive derivative ty Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

/s/ Dean L. Worley

11/26/2024

** 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.