FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	DС	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
Estimated average burden										
hours per respons	e: 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* MUSGRAVE BRANT					2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS]								(Che	ck all app Direc	ctor		rson(s) to Is 10% Ov	vner
(Last) 1600 CA	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/07/2023)	below	Officer (give title below) CORPORATE		below)	· ·
(Street) LITTLE	ROCK A	R 7	2201		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line	Form	ividual or Joint/Group Filing (Check Applic Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Si	rate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Date,	Transaction Disposed Code (Instr. 5)		es Acquired (A) o Of (D) (Instr. 3, 4 a			Benefic	ies For cially (D) Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or F	rice	Transa	action(s) . 3 and 4)			(IIISU: 4)
Common Class A 12/07				12/07/	2023		G		40	Г)	\$ <mark>0</mark>	3,744			D		
Common Class A - Retirement Plan												8,299		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code (8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	. Price of lerivative ecurity nstr. 5)	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/ Brant Musgrave

12/11/2023

** 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.

^{*} 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).