SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

to Sec obligat	this box if no lo tion 16. Form 4 tions may contir tion 1(b).	or Form 5	STA		pursua	ant to S	Section 16(a)	of the S	Securi	NEFICIA ties Exchang ompany Act o	e Act of 1		SHIP	Estim	Number: ated average burg per response:	3235-0287 Jen 0.5
1. Name and Address of Reporting Person* BOLIN TOM W					2. Issuer Name and Ticker or Trading Symbol <u>DILLARD'S, INC.</u> [DDS]							(Ch	ieck all ap Dire	plicable)	, 10% Owner	
(Last) 1600 CA	(Fir NTRELL F	, (/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 08/02/2022								X belo			
(Street) LITTLE (City)	ROCK AF		2201 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	e) X For For	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table	I - No	on-Deriva	tive S	Secur	rities Acq	uired	, Dis	posed of	, or Be	neficia	lly Ow	ned		
1. Title of Security (Instr. 3) Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8)4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			d (A) or r. 3, 4 and	or 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	Trans	action(s) 3 and 4)		(1150. 4)
Common Class A 08/0			08/02/2	022			A		1	A	\$228.5	55	1,884	D		
Common Class A - Retirement Plan													5,939	D		
		Tal	ole II ·							osed of, o convertib			y Owne	ed		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. De Execu if anv	emed tion Date,	4. Transa Code (5. Number of Derivative	6. Date Expira (Month	tion D		7. Title a Amount Securitie	of	8. Price of Derivative Security		of 10. Ownership Form:	11. Nature of Indirect Beneficial

Explanation of Responses:

/s/ Tom W. Bolin

Title

Expiration Date

Date Exercisable

Amount or Number

of Shares

** Signature of Reporting Person Date

08/04/2022

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).

v

Code

(A) (D)

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.