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: 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).

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 ]								(Checl	tionship of Reportin all applicable) Director Officer (give title		ng Per	g Person(s) to Issuer  10% Owner  Other (specify	
(Last) 1600 CA	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/21/2022								X	belov	Corporate		below)	
(Street) LITTLE (City)	ROCK AF		2201 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	Benefi	cially	own (	ed			
Date				2. Transact Date (Month/Day	Execution Date,				4. Securities Disposed O 5)			and Securi Benefi		ties cially I Following	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) o (D)	r Pric	В	Transa	insaction(s) str. 3 and 4)			(111341. 4)		
Common Class A 11/2					022		A		11	A	\$35	8.89		,824		D			
Common Class A - Retirement Plan														,194		D			
		Tal	ole II -								osed of, convertib				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. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	Expiration D		ate	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	r					

**Explanation of Responses:** 

/s/ Brant Musgrave

11/23/2022

\*\* 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).