FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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* DILLARD MIKE | | | | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--|---------------------------------|--------------------------------------|----------------------------|---|--|---|------------------------------------|----------|---------------------------------|--|----------|--|--|---|--------------------------------|---|---|--|
| (Last) 1600 CA | (Last) (First) (Middle) 1600 CANTRELL RD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023 | | | | | | | | er (give titl v) UTIVE ' | | belov | , | |
| (Street) LITTLE ROCK AR 72201 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Table | I - No | on-Deriva | tive | Secu | rities | Ac | quire | d, Di | sposed o | f, or E | Benefic | cial | ly Own | ed | | | | |
| Date | | | 2. Transaction Date (Month/Day/ | Execution Date | | | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | Beneficially Owned Following | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Class A 0 | | | 01/03/20 | /03/2023 | | | | A | | 28 | A | \$323. | .95 | 5 492,198 | | | D | | | |
| Common Class A - Retirement Plan | | | | | | | | | | | | | | 41,083 | | D | | | | |
| Common | Class A | | | | | | | | | | | | | | 41,4 | 96(1) | | I | See Footnote ⁽¹⁾ | |
| Common Class A | | | | | | | | | | | | | 7,300(2) | | I | | See Footnote ⁽²⁾ | | | |
| | | Tal | ble II | | | | | | | | posed 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) | Execu | eemed ution Date, th/Day/Year) | 4. Transa Code 8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand £ | rities ired r osed) : 3, 4 | Expir (Mon | ration [| (Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | Disciplination of the control of the | 8. Price of Derivative Security (Instr. 5) Securiti Gowned Followir Reporte Transac (Instr. 4) | | e s ally g | 10. Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownershi ct (Instr. 4) | |

Explanation of Responses:

- 1. These shares are held by W.D. Company, Inc. The reporting person owns 26.3% of W.D. Company, Inc. and is one of its directors and officers. W. D. Company, Inc. also holds 3,985,776 shares of Class B Common Stock, which are convertible into shares of Class A Common Stock on a one-for-one basis
- 2. Trustee of GST Trust

Remarks: The reporting person disclaims beneficial ownership of the shares reported herein as indirectly beneficially owned, except to the extent of his pecuniary interest therein.

/s/ Mike Dillard 01/05/2023

** Signature of Reporting Person

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.