Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

Derivative Security (Instr. 3)    Conversion or Exercise (Month/Day/Year Derivative Security   Conversion or Exercise (Month/Day/Year C		Exec if any	ution Date,	Trans	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exe ration I th/Day	Date	Amour Securi Under Deriva	nt of ties lying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numbiderivative Securities Beneficial Owned Followin Reported Transact (Instr. 4)	re es ally g d tion(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	of Indirect Beneficial Ownership t (Instr. 4)		
1. Title of	2.	Ta 3. Transaction					warra	ants	, opti	ons,	posed of, convertib		curities)	y Owne	d 9. Numb	er of	10.	11. Nature	
Common	Class A													6	See Footno			See Footnote <sup>(2)</sup>	
Common	Class A													1 7300 1 (1)			See Footnote <sup>(1)</sup>		
Common	Class A - F	Retirement Plan												38,	38,024		D		
Common Class A 04/30				04/30/20	)24				Code	v	Amount 297	(D) A	Price \$438.54	(Instr. 3			D		
D			2. Transaction Date (Month/Day/	/Year) Execu		. Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)		5)		r. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Table	9 I - N	on-Deriva	ative	Secu	rities	Ac	quire	d, Di	sposed of	f, or B	eneficia	Illy Own	ed				
											nsaction was n itions of Rule 1				uction or w	ritten pla	an that is in	ended to	
(City)	(Sta	ate) (	(Zip)		Rule 10b5-1(c) Transaction Indication							n '							
(Street) LITTLE	ROCK AF	?	72201											X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Last)	(Fir	· ·	(Middle	)		3. Date of Earliest Transaction (Month/Day/Year) 04/30/2024								X Officer (give title Other (specify below)  EXECUTIVE VICE PRESIDENT					
1. Name and Address of Reporting Person*  MATHENY DRUE						2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					

## **Explanation of Responses:**

- 1. Trustee of GST Trust
- 2. Owned by spouse

/s/ Drue Matheny

05/02/2024

\*\* 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).