FORM 4

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

Washington D.C. 20549

wasnington,	D.C. 20549	

OMB APPROVAL
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0): 00	ee Instruction 1	<u>.                                    </u>																		
Name and Address of Reporting Person*     Johnson Chris B.				2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
														Direc			10% O\			
					3 Da	ate of E	arlies	t Trans	action (	Month	/Day/Vear)			1	Office	er (give title		Other (s	specify	
(Last)	(Fii	rst) (f	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024										IOR VIC	F PR	,	Г	
1600 CANTRELL RD				"	07/30/2021								SERIOR VICE I RESIDENT							
					4 16	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. 11 /	Amena	ment,	, Date (	or Origin	iai File	a (Month/Da	y/ rear		Line)	/iduai oi	JoinivGrou	b Ellini	g (Check A	pplicable	
LITTLE	ROCK AI	2 7	2201											1	Form	filed by On	e Repo	orting Pers	on	
,																Form filed by More than One Reporting				
(City)	(St	ate) (2	Zip)												Person					
		Table	I No	n Doriva	tivo 9	20011	ritio	s A oc	uirod	Dic	posed of	or E	Popofi	cially	Own	od				
			1 - 140	1		_				i, Dis							_			
Dat			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, ar) if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acc Disposed Of (D) 5)		Acquired (A) or (D) (Instr. 3, 4 an					Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Į (mai		(,				(A) or Deid		Repor					` ' /			
									Code	v	Amount	(D)	Pric	е	(Instr. 3 and 4)					
Common Class A 09/30/2			09/30/2	024		A		17	A	\$39	93.38	38 9,570			D					
Common Class A - Retirement Plan														9	,162		D			
		Tal	ble II -	Derivati	ive Se	curit	ties	Acau	ired.	Disp	osed of,	or Be	nefici	ally (	Owne	d				
											convertib									
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		umber ivative urities uired or oosed O) tr. 3, 4	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	Price of derivative surity Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er						

**Explanation of Responses:** 

/s/ Chris B. Johnson

10/02/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.