FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028									
	Estimated average burden									
1	hours per response:	0.5								

Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Day/Year) Execution if any (Month/I		Transac Code (Ir 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date (Month/Day/Year)				Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial	of Indirect Beneficial Ownership (Instr. 4)	
	2.	Tal  3. Transaction	3A. Dee	(e.g., pu	ıts, cal	lls, v	varrants,  5. Number	option 6. Date E	IS, C	onvertib	le s	Secur	ities	8. Price of	9. Number	of	10.	11. Nature		
Common Class A 12/22/2					2021			G	V	4,000		D	\$0	\$0 84,264			D			
								Code	v	Amount		(A) or (D)	Price	Transa	action(s) 3 and 4)			(111501. 4)	l	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ction 2A. Exe ay/Year) if ar		Deemed cution Date,	3. Transaction Code (Instr.		4. Securities Acquired (		I (A) or	5. Amo Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
(City)	(S		Zip)	n-Deriva	tive S	ecui	rities Aca	uired.	Dist	oosed of	·. OI	r Ben	eficia	ally Own	ned					
LITTLE ROCK AR 72201													Form	Form filed by One Reporting Per Form filed by More than One Re Person						
(Street)					4. If Ar	nend	ment, Date o	f Origina	l Filed	(Month/Da	ıy/Ye	ear)	6. Lir	ie)	r Joint/Grou		•			
(Last) (First) (Middle) 1600 CANTRELL ROAD				3. Date of Earliest Transaction (Month/Day/Year) 12/22/2021									Officer (give title below)		Other ( below)					
1. Name and Address of Reporting Person* FREEMAN JAMES I					2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]								heck all app	olicable) ctor	10% 0		wner			
Instruction	on 1(b).			Filed			Section 16(a) 30(h) of the Ir						34		liours	s per re	esponse:	0.5		

Date

Exercisable

**Explanation of Responses:** 

/s/ James I. Freeman

Title

Expiration

Date

Number

Shares

12/23/2021

\*\* 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.

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