| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| | his box if no longer subje on 16. Form 4 or Form 5 | ct STATEM | ENT OF CHANGES IN BENEFICIA | AL OWNERSHI | | ber: 3235-0287 average burden | | | |
|--|---|-----------|--|----------------------------------|---|----------------------------------|--|--|--|
| obligatio | ons may continue. See on 1(b). | I | Filed pursuant to Section 16(a) of the Securities Exchang or Section 30(h) of the Investment Company Act of | | hours per r | esponse: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Lucie Denise Alexandra | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | DILLARD'S, INC. [DDS] (Check a | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/24/2023 | | Officer (give title below) VICE PRESI | Other (specify below) DENT | | | |

| 1000 CHIVITELL RD | |
|-------------------|-------|
| (Street) | |
| LITTLE ROCK AR | 72201 |
| | |

(State)

VICE PRESIDENT

6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person

Person

Form filed by More than One Reporting

| | (2 | Zip) |) | | | | |
|--|----|------|---|---|--|---|--|
| | | | | _ | | _ | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. If Amendment, Date of Original Filed (Month/Day/Year)

| | • • • • | | | | | | | | - | | | | | |
|----------------------------------|--|-----------------------------|------|---|--------|---------------|---|---|---|--------------------------------|--|--|--|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, Transaction | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | | |
| Common Class A | 04/24/2023 | | A | | 6 | Α | \$311.66 | 36,628 | D | | | | | |
| Common Class A - Retirement Plan | | | | | | | | 4,873 | D | | | | | |
| Common Class A | | | | | | | | 38,423 ⁽¹⁾ | I | See Footnote ⁽¹⁾ | | | | |
| Common Class A | | | | | | | | 12,717 ⁽²⁾ | Ι | See Footnote ⁽²⁾ | | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 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. Transa Code (8) | | ion of Expiration Date (Month/Day/Year) Amount of Securities Security (Instr. 5) Benefit Acquired (A) or Disposed of (D) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | | | Expiration Date Month/Day/Year) Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Bene Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|---|-----|---------------------|--------------------|--|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Trustee on shares held in Trust accounts.

2. Grantor for shares held in children's Trust accounts.

/s/ Denise Alexandra Lucie

04/26/2023

** Signature of Reporting Person Date

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

 \ast 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.

(City)