FORM 4

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

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Watts Phillip R.						2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]									Check a	ll app Direc	licable) tor	g Person(s) to Issuer  10% Owner		wner	
(Last) 1600 CA	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/28/2019										Officer (give title below)  Senior Vic		Other (specify below)  e President		specify		
(Street) LITTLE (City)		AR State)		/2201 Zip)		4. If	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Secur Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (E	A) or D)	Price	,  1	ransa	ction(s) 3 and 4)			(111311. 4)	
Common Class A 05/28				05/28	/2019	2019			A		84		A	\$56.82		7,832		D			
Common Class A - Retirement Plan																8,598					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Conversion Date Security or Exercise (Month/Day/Year) if		n Date	Date	3A. Deemed Execution I if any (Month/Day	Date,		ransaction Code (Instr.		of		5. Date Exercisal Expiration Date Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Pric Deriva Securi (Instr.	vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					v					Expiration Date	Title	Amount or Number of Title Shares		r							

**Explanation of Responses:** 

Remarks:

/s/ Phillip R. Watts

05/30/2019

\*\* 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).