FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL								
OMB Number: 3235-0									
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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

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

	e conditions of ee Instruction 1																		
1. Name and Address of Reporting Person* DILLARD WILLIAM T II				2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Uniform 10% Owner							
(Last) (First) (Middle) 1600 CANTRELL RD					3. Date of Earliest Transaction (Month/Day/Year) 12/30/2024								Officer (give title Other (specify below) CEO, CHAIRMAN OF BOARD						
(Street) LITTLE ROCK AR 72201 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Oily)				on-Deriva	tive \$	Secu	rities Acc	quirec	d, Dis	sposed of	, or B	enefici	ally O	wn	ed				
1. Title of Security (Instr. 3) 2. Tra			2. Transacti Date (Month/Day/	Execution Date,		tion Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Tran	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Class A 12/30/20)24			A		25	A	\$445.	4	905	,517		D		
Common Class A - Retirement Plan															0		D		
Common Class A												,	41,496 ⁽¹⁾		I		See Footnote ⁽¹⁾		
Common Class A													7,300(2)			I	See Footnote ⁽²⁾		
		Tal	ole II							osed of, convertib				ne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	BA. Deemed Execution Date, f any Month/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price Derivat Securit (Instr. 9		9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	itive ities icially d ving ited action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A) (D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. These shares are held by W.D. Company, Inc. The reporting person owns 27.4% of W.D. Company, Inc. and is one of its directors and officers. W. D. Company, Inc. also holds 3,985,776 shares of Class B Common Stock, which are convertible into shares of Class A Common Stock on a one-for-one basis
- 2. Trustee of GST Trust

Remarks:

The reporting person disclaims beneficial ownership of the shares reported herein as indirectly beneficially owned, except to the extent of his pecuniary interest therein.

12/31/2024 /s/ William T. Dillard II

** Signature of Reporting Person Date

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.