FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>
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	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).

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*     STOCKMAN JAMES D					2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]									(Checl	tionship of Reportir all applicable) Director Officer (give title		ng Pers	g Person(s) to Issue  10% Owner Other (spec	
(Last) 1600 CA	(Fir	,	viiddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/24/2020								X	below)		below) resident		specily
(Street) LITTLE (City)	ROCK AF		2201 Zip)		Line) X Form fil						Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n								
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefi	cially	Own	ed			
Date			2. Transac Date (Month/Da		Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 ar			5. Amo Securit Benefic Owned Report	ties 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) (D)	or Prio	ce	Transa	saction(s) : 3 and 4)			
Common	Class A			08/24/	2020				A		58	58 A \$26.32 33,144 D				D			
Common	Class A - F	Retirement Plan													18	3,250	,250 D		
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		mber rative rities ired r osed ) : 3, 4	6. Date Exerci Expiration Day (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
						v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares	r					

**Explanation of Responses:** 

Remarks:

/s/ James D. Stockman

08/25/2020

\*\* 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.