FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, D.C. 20549 |
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| STATEMENT O | F CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------|--------------|------------|-----------|
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
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| hours per response | : 0.5 | | | | | | | |

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* LITCHFORD MIKE | | | 2. Issuer Name and Ticker or Trading Symbol DILLARD'S, INC. [DDS] | | | | | | | | | | all app Direc | licable) tor | ng Pe | rson(s) to Is | vner | | |
|---|--|--|--|-----------------------------------|---|--|----|----------------------------------|----------------------|---------|--------------------------------------|-----------|---|--|--|--|----------------------------|--|--|
| (Last) 1600 CAN | (Fir NTRELL F | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2024 | | | | | | | | X | below | er (give title v) VICE PR | ESII | Other (s below) DENT | specify | |
| (Street) | ROCK AF | t 7 | 2201 | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indivine) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | n ' | | | | | | | |
| Check this box to indicate that a transaction was made pursuant to a cont satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction | | | | | | | | | | | uction or writt | en pla | an that is inter | nded to | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | 4 and Secur Benef | | ities Folicially (D) d Following (I) | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tra | | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Class A 05/28 | | | 05/28/2 | 024 | | A | | 21 | A | \$450 |).25 | .25 2,985 | | | D | | | | |
| Common Class A - Retirement Plan | | | | | | | | | | | | | 3 | ,494 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | Instr. | of | ired r osed) : 3, 4 | Expira (Month | tion Da | Expiration | 3 and 4 | nt of ties ying tive ty (Instr. | Der Sec | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

/s/ Mike Litchford

05/30/2024

** 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.

^{*} 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).