FORM 4

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

<i>N</i> ashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response: 0.5							

	tion 1(b).						ties Exchang mpany Act o		934		hours	per response:	0.5			
Name and Address of Reporting Person*     Worley Dean L.				2. Issuer Name <b>and</b> Ticker or Trading Symbol DILLARD'S, INC. [ DDS ]					(Ch	eck all appointed and all appointed all appointed and all all appointed and all all all all all all all all all al	olicable)	ng Person(s) to				
(Last) 1600 CA	(Fi	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/04/2021  4. If Amendment, Date of Original Filed (Month/Day/Year)						A belov	w) ``	below) unsel & Secretary			
(Street) LITTLE	ROCK A	R 7	2201							Lin	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		Zip)													
		Table	I - No	n-Deriva	tive S	Secur	ities Acq	uired	, Dis	posed of	, or Be	neficia	lly Own	ed		
Date		2. Transact Date (Month/Day	Execution (y/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			()
Common	Class A			05/04/2	021			A		5	A	\$105.0	)7 !	5,514	D	
Common	Class A - 1	Retirement Plan											1	1,923	D	
		Tal	hla II	Derivati	ve Se	curit	ies Acqu	ired,	Disp	osed of, o	or Ben	eficiall	v Owne	d		
		Idi	DIE II -						ns, o	convertib				<b>-</b>		

**Explanation of Responses:** 

Remarks:

/s/ Dean L. Worley

Title

Amount

of Shares

05/06/2021

Transaction(s) (Instr. 4)

\*\* 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).

Code

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.

of (D) (Instr. 3, 4 and 5)

(A) (D) Date

Exercisable

Expiration