### Edgar Filing: DILLARD WILLIAM T II - Form 4

DILLARD WI Form 4	ILLIAM T II										
July 12, 2018											
FORM	<b>4 INITED S</b>	гатрс с	FCUDI	FIEG	<b>A N</b> T	DEVC	<b>FT A N</b> T	CE C	OMMISSION		PPROVAL
	- UNITED S	IAIESS				D EAC.		GE U	OMINISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Section 17(a) of the Public Utility Hel					BI RIT	ENEFIC FIES Securitie	CIAL es Exc	January 3 Expires: 20 Estimated average burden hours per response 0			
may contin <i>See</i> Instruc 1(b). (Print or Type Re	ue. Section 17(a)		the Inve	•		-	•		1935 or Sectior 0	1	
(I find of Type Re	sponses)										
1. Name and Add DILLARD W	dress of Reporting Pe ILLIAM T II	S	2. Issuer N ymbol				rading		5. Relationship of Issuer	Reporting Pers	son(s) to
(Last)	(First) (Mi		DILLARD'S, INC. [DDS] 3. Date of Earliest Transaction (Che					(Checl	eck all applicable)		
1600 CANTR	RELL ROAD		Month/Day 7/10/201						X Director X Officer (give below) CEO, Cha		Owner er (specify oard
	(Street)		. If Amend iled(Month			Original			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	one Reporting Pe	rson
LITTLE ROC									Person	ore than one re	porting
(City)	(State) (Z	ip)	Table 1	- Non-	Der	ivative Se	ecuriti	es Acq	uired, Disposed of	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr.	8)		d (A) of d of (D 4 and (A) or	)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial
Common	07/10/2018			G		Amount 1,051	(D) D	Price \$ 0	1,090,553	D	
Class A	07710/2010			U	•	1,001	D	ψυ	1,070,555	D	
Common Class A - Retirement Plan									471	D	
Common Class A									41,496 <u>(1)</u>	I	See Footnote $(1)$
Common Class A									7,300 <u>(2)</u>	Ι	See Footnote

#### (2)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

#### 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 control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DILLARD WILLIAM T II 1600 CANTRELL ROAD LITTLE ROCK, AR 72201	Х		CEO, Chairman of the Board					
<b>A</b> 1 -								

### Signatures

/s/ William	
Dillard II	07/12/2018
<u>**</u> Signature of Reporting Person	Date

## **Explanation of Responses:**

\* 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).

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

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#### **Remarks:**

Remarks: The reporting person disclaims beneficial ownership of the shares reported herein as indirectly beneficially owned,

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.