DILLARDS INC Form 5

March 09, 2006

FORM 5

OMB APPROVAL

2005

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

3235-0362 Number: January 31, Expires:

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no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Transactions Reported

30(h) of the Investment Company Act of 1940 Form 4

| 1. Name and Address of I SQUIRES BURT | Reporting Person * | 2. Issuer Name and Ticker or Trading Symbol DILLARDS INC [DDS] | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|--------------------|---|--|--|--|--|
| (Last) (First) | , | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/28/2006 | (Check all applicable) Director 10% OwnerX_ Officer (give title Other (specif below) Corporate VP Stores | | | |
| (Stree |) | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Reporting (check applicable line) | | | |

LITTLE ROCK, ARÂ 72201

X Form Filed by One Reporting Person Form Filed by More than One Reporting Person

| (City) | (State) (Z | Table Table | I - Non-Deriv | ative Secu | rities | Acquir | ed, Disposed of | , or Beneficial | ly Owned |
|---------------------------------------|--------------------------------------|---|---|---|---------|--------|---|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securi Acquired Disposed (Instr. 3, | d (A) o |)) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Class A | Â | Â | Â | Â | Â | Â | 28,335 (1) | D | Â |
| Common Stock Retirement Plan | Â | Â | Â | Â | Â | Â | 15,713 | D | Â |
| Common Class A | Â | Â | Â | Â | Â | Â | 8,700 (2) | D | Â |

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

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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 | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative | 6. Date Exerc Expiration Day/ (Month/Day/ | ate | 7. Title Amount Underly Securities | t of ying | 8. Price of Derivative Security (Instr. 5) | |
|---|---|--------------------------------------|---|---|---|--------------------|------------------------------------|--------------|--|--|
| | Derivative Security | | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | (Instr. 3 | 3 and 4) | | |
| | | | | (A) (D) | Date Exercisable | Expiration Date | Title N | Number | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| SQUIRES BURT 1600 CANTRELL ROAD LITTLE ROCK, AR 72201 | Â | Â | Corporate VP Stores | Â | | |

Signatures

Burt Squires 03/08/2006

**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).
- (1) Total includes 1,611 shares of Class A acquired under 401(k) Plan Exempt Under Rule 16b-3(c).
- (2) Total includes 8,700 shares of Class A owned by children.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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