**DILLARDS INC** Form 5

March 12, 2007

FORM 5

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB** 3235-0362 Number: January 31, Expires:

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

Check this box if

Washington, D.C. 20549

2005 Estimated average burden hours per 1.0

#### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

response...

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

Transactions Reported

1. Name and Address of Report SQUIRES BURT	ing Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First)	DILLARDS INC [DDS] (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended		(Check all applicable)			
		(Month/Day/Year) 02/03/2007	Director 10% Owner X Officer (give title Other (specify			
1600 CANTRELL ROAD			below) below) Corporate VP Stores			
(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Reporting			
		Filed(Month/Day/Year)	(abaak appliaabla lina)			
1600 CANTRELL ROAD		<ul> <li>3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)</li> <li>02/03/2007</li> <li>4. If Amendment, Date Original</li> </ul>	Director 10% Owno X Officer (give title Other (spe below) below) Corporate VP Stores			

#### LITTLE ROCK, ARÂ 72201

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(City)	(State) (Z	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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquirec Disposec (Instr. 3,	d (A) of d of (D) 4 and (A) or	<b>)</b> )	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	36,201 <u>(1)</u>	D	Â
Common Stock Retirement Plan	Â	Â	Â	Â	Â	Â	16,286	D	Â
Common Class A	Â	Â	Â	Â	Â	Â	9,300 (2)	D	Â

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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.

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						_			or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
					(A) (D)				Shares		

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### **Reporting Owners**

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

## **Signatures**

Burt Squires 03/02/2007

\*\*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 1156 shares of Class A acquired under 401(k) Plan Exempt Under Rule 16b-3(c).
- (2) Total includes 9,300 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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