Edgar Filing: DILLARDS INC - Form 4

| DILLARDS I Form 4 | | | | | | | | | | |
|--|---|--|---|------------|----------|---|--|---|---|--|
| August 03, 20 | | | | | | | | | | |
| FORM | 4 UNITED ST | LATES SECUD | TIFS AN | JD FYC | цлл | JCF C | OMMISSION | | PROVAL | |
| | | ITIES AND EXCHANGE C hington, D.C. 20549 | | | | OMMINISSION | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation | ant to Section 16 | F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of | | | | | Estimated average burden hours per response Act of 1934, | | | |
| may contin <i>See</i> Instruct 1(b). | nue. Section 17(a) | 30(h) of the Inv | • | . . | | | | I | | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Ac Terry David | Symbol | 2. Issuer Name and Ticker or Trading Symbol DILLARDS INC [DDS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (Mid | idle) 3. Date of l | 3. Date of Earliest Transaction | | | | (Check all applicable) | | | |
| 145 CRESTV | | (Month/Day/Year) 08/02/2011 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chairman St Louis Division | | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| ST. LOUIS, | MO 63126 | | | | | | Person | ore than One Rep | porting | |
| (City) | (State) (Z | ^{ip)} Table | I - Non-De | rivative S | ecurit | ies Acqu | uired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (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 | 08/02/2011 | | A | 5 | (D) A | \$ 55.61 | 13,498 | D | | |
| Common Class A - Retirement Plan | | | | | | | 14,797 | D | | |

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 Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 / Addro | ess | Relationships | | | | | | |
|---|------------|---------------|----------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Terry David C 145 CRESTWOOD PLAZA ST. LOUIS, MO 63126 | | | Chairman St Louis Division | | | | | |
| Signatures | | | | | | | | |
| /s/David C. Terry | 08/04/2011 | | | | | | | |

<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).

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.