Edgar Filing: DILLARDS INC - Form 4

Form 4 September 27,									
FORM	Л					OMB AF	PROVAL		
	■ UNITED ST		TIES AND EXCL		COMMISSION	OMB Number:	3235-0287		
Check this if no longe: subject to Section 16. Form 4 or	r STATEME	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							
Form 5 obligations may contin <i>See</i> Instruc 1(b).	Section 17(a)	of the Public Util	(a) of the Securitie lity Holding Comp estment Company	any Act of	1935 or Section	n			
(Print or Type Re	esponses)								
1. Name and Ada DILLARD W	dress of Reporting Per ILLIAM T II	Symbol	Symbol Issuer			Relationship of Reporting Person(s) to suer			
(Last)	(First) (Mid		DS INC [DDS] Earliest Transaction	ek all applicable)					
(Last) (First) (Middle) 1600 CANTRELL ROAD		(Month/Day	(Month/Day/Year) 09/25/2013			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) CEO, Chairman of Board			
LITTLE ROO	(Street) CK, AR 72201	4. If Amend Filed(Month	dment, Date Original n/Day/Year)		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	rson		
(City)	(State) (Zi	in) and		•.•	Person				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Table	I - Non-Derivative Se 3. 4. Securi TransactionAcquired Code Disposed (Instr. 8) (Instr. 3, Code V Amount	ties l (A) or l 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		
Common Class A	09/25/2013		W V 5,243	A \$0	5,243 <u>(2)</u>	Ι	See footnote (2)		
Common Class A					937,122	D			
Common Class A - Retirement Plan					104,075	D			
Common Class A					41,496 <u>(1)</u>	Ι	See footnote		

Edgar Filing: DILLARDS INC - Form 4

		(1)
Common Class B	3,985,776 <u>(1)</u> I	See footnote (1)

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	2. Comming	3. Transaction Date		4. Terrer et i	5.	6. Date Exercised		7. Tit		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio		Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	rear)		rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	1.110	of		
				Code V	(A) (D)				Shares		
					(\mathbf{D})				Shures		

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 Board			

Signatures

/s/ William Dillard II 09/27/2013 <u>**Signature of Date</u> Reporting Person

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) These shares are held by W.D. Company. The reporting person owns 27.4% of W.D. Company and is one of its directors and officers.

(2) Trustee of GST Trust

Remarks:

Remarks: The reporting person disclaims beneficial ownership of the shares reported herein except to the extent of his pecuni

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.