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DILLARDS I Form 4	INC							
May 06, 2015	5							
FORM	4					OMB AF	PPROVAL	
	Washington, D.C. 20549					OMB Number:	3235-0287	
Check this if no long						Expires:	January 31,	
subject to Section 10 Form 4 or	SIAIEM 6.	ENT OF CHA	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average burden hours per response 0.5	
Form 5 obligation may conti <i>See</i> Instru 1(b).	Inue. Section 17(a)) of the Public U	16(a) of the Securit Jtility Holding Con nvestment Compan	npany Act of	1935 or Section	I		
(Print or Type R	esponses)							
1. Name and Ad SQUIRES B	ddress of Reporting Po URT	Symbol	er Name and Ticker or ARDS INC [DDS]	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mi	iddle) 3. Date	of Earliest Transaction		(Check all applicable)			
1600 CANT	RELL ROAD	(Month/ 05/05/	Day/Year) 2015	Director10% Owner XOfficer (give titleOther (specify below) Corporate VP Stores				
			endment, Date Origina onth/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 			
	CK, AR 72201				Person	ore than One Re	porting	
(City)	(State) (Z	Zip) Tal	ole I - Non-Derivative	Securities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		f Transaction(A) or D Code (Instr. 3)	ities Acquired bisposed of (D) , 4 and 5) (A) or	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	05/05/2015		Code V Amount A 2	$\begin{array}{c} \text{(D)} & \text{Price} \\ \text{A} & \\ 131.48 \end{array}$	4 785	D		
Common Class A - Retirement Plan					26,333	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. Transactic Code (Instr. 8)	5. orNumber 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 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 / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
SQUIRES BURT 1600 CANTRELL ROAD LITTLE ROCK, AR 72201			Corporate VP Stores					
Signatures								
/s/ Burt Squires	05/06/2015							

**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.