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DILLARDS II	NC											
Form 4 March 02, 201	6											
FORM	Л									OMB AP	PROVAL	
Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check this if no longer					Expires:	January 31, 2005						
subject to Section 16. Form 4 or	SIAIE	MENT (OF CHAN(NERSHIP OF	Estimated average burden hours per response 0							
Form 5 obligations may contin <i>See</i> Instruc 1(b).	ue. Section 1	7(a) of th		lity Ho	ldi	ng Comj	pany	Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type Re	sponses)											
1. Name and Address of Reporting Person <u>*</u> SQUIRES BURT			Symbol	2. Issuer Name and Ticker or Trading Symbol DILLARDS INC [DDS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of I	3. Date of Earliest Transaction					(Check	all applicable)	
1600 CANTRELL ROAD				(Month/Day/Year) 02/29/2016					Director 10% Owner X Officer (give title Other (specify below) below) Corporate VP Stores			
(Street)			4. If Amen	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
LITTLE ROO	CK, AR 72201		Filed(Mont	h/Day/Ye	ar)				Applicable Line) _X_Form filed by O Form filed by Me Person			
(City)	(State)	(Zip)	Table	I - Non-	De	rivative S	ecurit	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Executio any (Month/I				on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Class A	02/29/2016			S		838	D	\$ 83.91	4,840	D		
Common Class A	03/02/2016			S		3,300	D	\$ 83.42	1,540	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.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships								
	Director	10% Owner	Officer	Other						
SQUIRES BURT 1600 CANTRELL ROAD LITTLE ROCK, AR 72201			Corporate VP Stores							
Signatures										
/s/ Burt Squires	03/02/2016									

<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.