Edgar Filing: DILLARDS INC - Form 4

| DILLARDS IN Form 4 November 22, | | | | | | | | | | |
|---|---|---|-------------------------------------|---------------------------------------|---|-----------------|---------------------|--|---|--------------------------|
| FORM | 4 INITED S | TATES SE | СПЛІТ | TEC AT | | LIAN | JCE C | OMMISSION | | PROVAL |
| | UNITEDS | IAIES SE | | | | | NGE C | UMMI55IUN | OMB Number: | 3235-0287 |
| Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | Filed pursu section 17(a) | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimat burden | | | | | | | Expires: Estimated a burden hour response | |
| (Print or Type Re | sponses) | | | | | | | | | |
| 1. Name and Add MATHENY I | dress of Reporting Po DRUE | Syn | | | Ticker or T | rading | g | 5. Relationship of I Issuer | | |
| (Last) 1600 CANTR | . , | (Mo | Date of Ear onth/Day/ 21/2016 | Year) | insaction | | | X Director X Officer (give to below) | | Owner r (specify |
| LITTLE ROC | (Street) CK, AR 72201 | | f Amendn d(Month/E | | e Original | | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by Mo Person | ne Reporting Per | son |
| (City) | (State) (Z | Zip) | Table I - | · Non-De | erivative S | ecurit | ies Acqu | uired, Disposed of, | or Beneficiall | y Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | ate, if T (Year) (| 3. Fransactio Code Instr. 8) | 4. Securit or(A) or Di (Instr. 3, | ties A spose | cquired 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 |
| Common Class A | 11/21/2016 | | , c | A | 82 | (D) A | \$ 69.35 | 435,943 | D | |
| Common Class A - Retirement Plan | | | | | | | | 39,843 | D | |
| Common Class A | | | | | | | | 7,300 <u>(1)</u> | I | See Footnote (1) |
| Common Class A | | | | | | | | 150 <u>(2)</u> | Ι | See Footnote |

(2)

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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transac Code (Instr. 8 | 5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | Amou Under Secur | 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 / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------------------|-------|--|--|--|
| reporting officer tunio (read officer | Director | 10% Owner | Officer | Other | | | |
| MATHENY DRUE 1600 CANTRELL ROAD LITTLE ROCK, AR 72201 | Х | | Executive Vice President | | | | |
| <u></u> | | | | | | | |

Signatures

| /s/ Drue | 11/22/2016 | | | |
|--|------------|--|--|--|
| Matheny | 11/22/2010 | | | |
| <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).
- (1) Trustee of GST Trust
- (2) Owned by spouse

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.