## Edgar Filing: SANDERFORD ROBIN - Form 4

| SANDERFO  | RD ROBIN                                |  |   |  |                              |  |  |   |  |  |  |
|---|---|--|---|--|------------------------------|--|--|---|--|--|--|
| Form 4  |   |  |   |  |                              |  |  |   |  |  |  |
| August 23, 20   | )11                                     |  |   |  |                              |  |  |   |  |  |  |
| FORM  | 4                                       |  |   |  |                              |  | 01 <b>11 11 11 11</b>  | OMB AF  | PROVAL   |  |  |
| Washington, D.C. 2  |   |  |   |  |                              |  |  | OMB<br>Number:  | 3235-0287  |  |  |
| Check this<br>if no long<br>subject to<br>Section 16<br>Form 4 or | er <b>STATEM</b>                        | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES  |   |  |                              |  |  |   | Expires: January 31<br>2005<br>Estimated average<br>burden hours per<br>response 0.5 |  |  |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).   | <sup>s</sup> nue. Section $17(a)$       | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |   |  |                              |  |  |   |  |  |  |
| (Print or Type R  | esponses)                               |  |   |  |                              |  |  |   |  |  |  |
| 1. Name and Ad<br>SANDERFC  | Symbol                                  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>DILLARDS INC [DDS]  |   |  |                              | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |   |  |  |  |
| (Last)  | (First) (Mid                            | ddle) 3. Date of   | 3. Date of Earliest Transaction               |  |                              |  | (Check all applicable)   |   |  |  |  |
| 1600 CANT   | (Month/D                                | (Month/Day/Year)<br>08/22/2011   |   |  |                              | Director 10% Owner   Officer (give title Other (specify below)   below) below)   VP, President Tampa Div |  |   |  |  |  |
|   |   |  | Amendment, Date Original<br>d(Month/Day/Year) |  |                              |  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |   |  |  |  |
| LITTLE RO   | CK, AR 72201                            |  |   |  |                              |  | Person   | ore man one kej   | onting   |  |  |
| (City)  | (State) (Z                              | Cip) Tabl  | e I - Non-De                                  | erivative S                                      | ecurit                       | ies Acqu   | uired, Disposed of,  | or Beneficiall  | y Owned  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                              | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)  | Code<br>) (Instr. 8)                          | 4. Securi<br>or(A) or Di<br>(Instr. 3,<br>Amount | ispose<br>4 and<br>(A)<br>or | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                               | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                    |  |  |
| Common<br>Class A   | 08/22/2011                              |  | A   | 112  | A                            | \$<br>40.48  | 60,140   | D   |  |  |  |
| Common<br>Class A -<br>Retirement<br>Plan                         |   |  |   |  |                              |  | 10,643   | D   |  |  |  |

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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|---|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                  | Relationships |           |                         |       |  |  |
|---|---------------|-----------|-------------------------|-------|--|--|
|   | Director      | 10% Owner | Officer                 | Other |  |  |
| SANDERFORD ROBIN<br>1600 CANTRELL ROAD<br>LITTLE ROCK, AR 72201 |               |           | VP, President Tampa Div |       |  |  |
| Signatures  |               |           |                         |       |  |  |
| /s/ Robin   |               |           |                         |       |  |  |

/s/ Robin 08/23/2011 Sanderford \*\*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.