

LEMOINE GASTON  
Form 4  
January 15, 2003

**FORM 4**

UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

☐ Check this box if no  
longer subject to Section  
16. Form 4 or Form 5  
obligations may continue.  
See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL  
OWNERSHIP**

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(h) of the Investment Company Act of 1940

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|                                          |                                        |                                                     |                                                                                       |                                                                 |    |   |                                                                                                                                                                    |                                                          |                                                       |
|------------------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------|----|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| 1. Name and Address of Reporting Person* |                                        |                                                     | 2. Issuer Name and Ticker or Trading Symbol                                           |                                                                 |    |   | 6. Relationship of Reporting Person(s)                                                                                                                             |                                                          |                                                       |
| Lemoine Gaston                           |                                        |                                                     | Dillard's, Inc. DDS                                                                   |                                                                 |    |   | to Issuer (Check all applicable)                                                                                                                                   |                                                          |                                                       |
| (Last) (First) (Middle)                  |                                        |                                                     | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)         |                                                                 |    |   | <input type="checkbox"/> Director<br><input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below)<br>Other (specify below) |                                                          |                                                       |
| 1600 Cantrell Road                       |                                        |                                                     |                                                                                       |                                                                 |    |   | 4. Statement for Month/Day/Year<br>1/13/03                                                                                                                         |                                                          |                                                       |
| (Street)                                 |                                        |                                                     | 5. If Amendment, Date of Original (Month/Day/Year)                                    |                                                                 |    |   | 7. Individual or Joint/Group Filing (Check Applicable Line)                                                                                                        |                                                          |                                                       |
| Little Rock, AR 72201                    |                                        |                                                     |                                                                                       |                                                                 |    |   | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                    |                                                          |                                                       |
| (City) (State) (Zip)                     |                                        |                                                     | <b>Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b> |                                                                 |    |   |                                                                                                                                                                    |                                                          |                                                       |
| 1. Title of Security (Instr. 3)          | 2. Transaction Date (Month/ Day/ Year) | 2A. Deemed Execution Date, if any (Month/Day/ Year) | 3. Transaction Code (Instr. 8)                                                        | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5) |    |   | 5. Amount of Securities Beneficially Owned Following Reported Transactions(s) (Instr. 3 & 4)                                                                       | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Class A                           | 1/13/03                                |                                                     | A                                                                                     |                                                                 | 74 | A | 17.151                                                                                                                                                             | 8072                                                     | D                                                     |
| Common Class A                           |                                        |                                                     |                                                                                       |                                                                 |    |   |                                                                                                                                                                    | 9154                                                     | I Retirement Plan                                     |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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**FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Conversion or Exercise Price of | 3. Transaction Date | 3A. Deemed Execution Date, | 4. Transaction Code | 5. Number of Derivatives | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially | 10. Ownership Form | 11. Nature of Indirect Beneficial Ownership |
|---------------------------------|------------------------------------|---------------------|----------------------------|---------------------|--------------------------|----------------------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------|---------------------------------------------|
|---------------------------------|------------------------------------|---------------------|----------------------------|---------------------|--------------------------|----------------------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------|---------------------------------------------|

# Edgar Filing: LEMOINE GASTON - Form 4

| (Instr. 3) | Derivative Security | (Month/Day/Year) | if any (Month/Day/Year) | (Instr. 8) |   |     |     | (Instr. 3 & 4)    |                  | Owned Following Reported Transaction(s) (Instr. 4) | of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | (Instr. 4) |
|------------|---------------------|------------------|-------------------------|------------|---|-----|-----|-------------------|------------------|----------------------------------------------------|---------------------------------------------------------------|------------|
|            |                     |                  |                         | Code       | V | (A) | (D) | Date Exer-cisable | Expira-tion Date | Title                                              | Amount or Number of Shares                                    |            |

Explanation of Responses:

By: /s/ **Gat lemoine**

**1/15/03**

Date

\*\*Signature of Reporting Person

\*\*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.

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