| FOX TRISHA L Form 3 March 07, 2018 | | | | | | |
|--|---|--|---|--|--|--|
| | CATES SECURITIES AN | ND EXCHANGE COMMISS | SION OMB APPROVAL | | | |
| | Washington, D.C. 20549 | | | | | |
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF | | | | | | |
| SECURITIES Expired: 2005 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Estimated average burden hours per response Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 0.5 30(h) of the Investment Company Act of 1940 1940 | | | | | | |
| (Print or Type Responses) | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> FOX TRISHA L | 2. Date of Event Requiring Statement (Month/Day/Year) | ^g 3. Issuer Name and Ticker or Trading Symbol VIAD CORP [VVI] | | | | |
| (Last) (First) (Middle) | 03/01/2018 | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | |
| 1850 N. CENTRAL AVE., SUITE 1900 | | (Check all applicable) | | | | |
| (Street) PHOENIX, AZ 85004-4565 | ; | Director 10% Owner X Officer Other (give title below) (specify below) Chief Human Resources Officer | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One | | | |
| | | | Reporting Person | | | |

| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | |
|--------------------------------|---------|-------|---|--|---|--|--|
| 1.Title of Secur (Instr. 4) | ity | | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| Common Sto | ock | | 5,113 <u>(1)</u> | D | Â | | |
| Common Sto | ock | | 239.7458 | Ι | by 401K Plan | | |

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

SEC 1473 (7-02)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |

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| Shares or Ind (I) (Instr. | irect 5) |
|---------------------------------|-------------|
|---------------------------------|-------------|

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|--|-------|--|
| | Director | 10% Owner | Officer | Other | |
| FOX TRISHA L 1850 N. CENTRAL AVE., SUITE 1900 PHOENIX, AZ 85004-4565 | Â | Â | Chief Human Resources Officer | Â | |
| Signaturos | | | | | |

Signatures

By: Irma Villarreal For: Trisha 03/07/2018 L. Fox Date

**Signature of Reporting Person

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(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).
- Includes 2,789 shares of restricted stock granted on 10/24/2016 and 1,317 shares of restricted stock granted on 2/21/2017, pursuant to the (1) 2007 Viad Corp Omnibus Incentive Plan; and 1,007 shares of restricted stock granted on 2/27/2018 pursuant to the 2017 Viad Corp Omnibus Incentive Plan. All grants vest 3 years from the date of grant.

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.