Statement of Changes in Beneficial Ownership of Securities

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person
   Coll Denise M
   1850 N. CENTRAL AVE., SUITE 1900
   PHOENIX, AZ 85004

2. Issuer Name and Ticker or Trading Symbol
   VIAD CORP [ VVI ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   3/2/2020

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Individual or Joint/Group Filing
   X Form filed by One Reporting Person
   ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Trans. Code</th>
<th>Amount of Securities Acquired (A) or Disposed of (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/2/2020</td>
<td>P</td>
<td>V</td>
<td>1029 A</td>
<td>$48.5181</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5368 D</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivate Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Price of Derivative Security</th>
<th>Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Explanation of Responses:

Reporting Owners

Reporting Owner Name / Address                  Relationships
Coll Denise M 1850 N. CENTRAL AVE., SUITE 1900 PHOENIX, AZ 85004 X

Signatures

/s/ Irma Villarreal as Attorney-in-Fact
3/3/2020

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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.