1. Name and Address of Reporting Person -

**INGERSOLL ELLEN M**
(Last) (First) (Middle)
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)
3/8/2021

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

5. Relationship of Reporting Person(s) to Issuer

- [ ] Director
- [X] 10% Owner
- [ ] Officer (give title below)
- [ ] Other (specify below)

Chief Financial Officer

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Date, if any</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/8/2021</td>
<td></td>
<td>S</td>
<td>5000</td>
<td>$46.00</td>
</tr>
<tr>
<td>Common Stock</td>
<td>3/8/2021</td>
<td></td>
<td>S</td>
<td>5000</td>
<td>$45.81</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></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 Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Date, if any</th>
<th>Code</th>
<th>Amount</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

(1) Between February 2021 and March 2021, the reporting person acquired 55.2568 shares of VVI common stock under the Viad Corp 401(k) plan.

**Reporting Owners**

**INGERSOLL ELLEN M**
1850 N. CENTRAL AVE., SUITE 1900
PHOENIX, AZ 85004

**Chief Financial Officer**

**Signatures**

/s/ Derek P. Linde as Attorney-in-Fact 3/9/2021

**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: 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.