

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

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

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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(f) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person *                             |                         |                                 |                                 | 2. Is                                | ssu  | er Name an   | d Tic   | cker or                | Trac | ding Syn           | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                            |  |  |  |          |
|---|-------------------------|---------------------------------|---------------------------------|--------------------------------------|--|--------------|---|------------------------|------|--------------------|---|----------------------------|--|--|--|----------|
| HOFER JUDIT   | ΉK                      |                                 |                                 | VL                                   | ΑI   | O CORP [     | VV  | <b>I</b> ]             |      |                    |   |                            |  |  |  |          |
| (Last)  | (Last) (First) (Middle) |                                 |                                 | 3. D                                 | 3. Date of Earliest Transaction (MM/DD/YYYY) |              |   |                        |      |                    | X _ Director 10% Owner Officer (give title below) Other (specify below) |                            |  |  |  |          |
| 6101 S.W. SHERIDAN STREET   |                         |                                 |                                 |                                      | 6/29/2007                                    |              |   |                        |      |                    |   |                            |  |  | . 1  | •        |
|   | (Street)                |                                 |                                 | 4. If                                | À  | mendment,    | Date  | Origin                 | al F | iled (MM           | /DD/YYYY  | 6. Individual of Line)     | r Joint/G1   | oup Filing   | g (Check Ap  | plicable |
| PORTLAND, C   |                         |                                 |                                 |                                      |  |              |   |                        |      |                    |   | _ <b>X</b> _ Form filed by | One Repor  | ting Person  |  |          |
| (City) (State) (Zip)  |                         |                                 |                                 |                                      |  |              |   |                        |      |                    | Form filed by More than One Reporting Person                            |                            |  |  |  |          |
|   |                         | Tal                             | ble I - No                      | n-Deriv                              | ati  | ive Securiti | es Ao   | cquirec                | d, D | isposed            | of, or Be   | neficially Own             | ed   |  |  |          |
| 1.Title of Security<br>(Instr. 3)                                     |                         |                                 | 2. Trans<br>Date                | e Deemed Code Acquired (A) or Follow |  |              | ount of Securities Beneficially Owned<br>ring Reported Transaction(s)<br>3 and 4) |                        |      | Ownership<br>Form: | Beneficial<br>Ownership   |                            |  |  |  |          |
|   | Table II                | - Derivat                       | tive Secur                      | ities Be                             | ne   | ficially Own | ned (   | ( e.g. , ]             | puts | , calls, v         | varrants,   | options, conve             | rtible sec   | curities)  |  |          |
| 1. Title of Derivate 2. 3. Trans. 3A. Security Conversion Date Deemed |                         | Deemed<br>Execution<br>Date, if | 4. Trans.<br>Code<br>(Instr. 8) | rans. 5. Number Derivative           |  | or<br>)      |   | and Expiration Date So |      |                    | Amount of<br>Inderlying<br>Security<br>4)                               | Derivative                 | derivative<br>Securities<br>Beneficially<br>Owned<br>Following | Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |
|   |                         |                                 |                                 | Code                                 | V  | (A)          | (D)   | Date<br>Exercisa       |      | Expiration<br>Date | Title   | Amount or Number of Shares |  | Reported<br>Transaction<br>(s) (Instr. 4)                                    | (I) (Instr.<br>4)  |          |
| Cash Only StockUnits  | \$0                     | 6/29/2007                       |                                 | A                                    |  | 13.8867      |   | (1)                    | )    | (1)                | Common<br>Stock   | 13.8867                    | \$0  | 14653.8886   | D  |          |

## **Explanation of Responses:**

(1) Stock units credited in accordance with the terms of the Viad Deferred Compensation Plan; each unit is equivalent to one share of common stock of Corporation; units will be settled in cash; transaction exempt pursuant to Rule 16b-3(d).

**Reporting Owners** 

| Reporting Owner Name / Address              | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address              | Director      | 10% Owner | Officer | Other |  |  |  |
| HOFER JUDITH K<br>6101 S.W. SHERIDAN STREET | X             |           |         |       |  |  |  |
| PORTLAND, OR 97225                          |               |           |         |       |  |  |  |

## **Signatures**

Scott E. Sayre, Attorney-in-Fact

\*\* Signature of Reporting Person

Date

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).
- \*\* 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.

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.