VIAD CORP

FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

Filed 5/25/2006 For Period Ending 4/17/2006

Address 1850 NORTH CENTRAL AVE SUITE 800

PHOENIX, Arizona 85004-4545

Telephone (602) 207-4000

CIK 0000884219

Industry Business Services

Sector Services

Fiscal Year 12/31



[X] 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

OMB APPROVAL
OMB Number: 3235-0287
Expires: January 31, 2008
Estimated average burden
hours per response... 0.5

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. Issuer Name and Ticker or Trading Symbol								 Relationship of Reporting Person(s) to Issuer (Check all applicable) 					
FRACALOS	SI KIM	BRA	. A	,	VIA	D COR	P [VV	Ί]									
(Last) (First) (Middle)				(3. Date of Earliest Transaction (MM/DD/YYYY)									Direct		_	10% O	wner
												X Officer (give title below) Other (specify below)						
EXHIBITGROUP/GILTSPUR					4/17/2007									President & CEO / Exhibitgroup/Giltspur				
DIVISION, 2	00 NOF	RTH	GARY											Division				
AVENUE																		
(Street)														6. Individual or Joint/Group Filing (Check Applicable Line)				
ROSELLE, I	L 60172	2												W F 6		D .: D		
(City)	(State)		(Zip)		4/17/2006							_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	ole I - Non	-Deri	ivativ	e Securi	ties Acq	ui	red, Di	spo	se	d of,	, or E	Seneficiall _:	y Owned			
1.Title of Security (Instr. 3)	1			2. T Date	rans. e	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securi Acquired Disposed (Instr. 3.	l (A) l of ((A) or Follow		ollowi	ing Reported Transaction(s) 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code		<u> </u>	(A) or								
Common Stock														163	85. ⁽¹⁾		D	
Tol	ble II De		ivo Coovei	tioa D	onofi	oialle: O	rmod (a	_	nuta	001	lla.			ts, options	00mmout	hla gaanu	:4:aa)	
1. Title of Derivate	2.	3.	3A. 4			mber of	6. Date Ex	_			_					9. Number	10.	11. Nature
Security (Instr. 3)	Conversion	Trans. Exercise Date te of ivative	Deemed T Execution C	rans. Code	Derivative Securities) Acquired (A) or Disposed of (D)		and Expiration Date				7. Title and Amour Securities Underly Derivative Security (Instr. 3 and 4)			ring	Derivative Security (Instr. 5)		Ownership Form of Derivative	of Indirect Beneficial Ownership
	Derivative Security		any (шѕи. 8)													Security: Direct (D)	(Instr. 4)
					(Instr. 5)	. 3, 4 and									Re	Following Reported	or Indirect (I) (Instr.	
				Code V	1 1 1		Date Expiration Exercisable Date		Title Amount or N		Number of		Transaction (s) (Instr. 4)	(4)				

Explanation of Responses:

(1) Amendment of Form 4 dated April 17, 2006 is required due to error in addition of number of unvested shares that were cancelled.

Reporting Owners

Panerting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director 10% Owner		Officer	Other					
FRACALOSSI KIMBRA A									
EXHIBITGROUP/GILTSPUR DIVISION									
			President & CEO	Exhibitgroup/Giltspur Division					
200 NORTH GARY AVENUE									
ROSELLE, IL 60172									

Signatures

Scott E. Sayre, Attorney-in-Fact

5/25/2006

^{**} Signature of Reporting Person

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.