Edgar Filing: VIAD CORP - Form 4/A

VIAD CORP											
Form 4/A											
May 25, 2006	5										
FORM	4									PPROVAL	
	UNIT	CD STATES		ITIES Al hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check this							Expires:	January 31,			
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES					NERSHIP OF	Estimated average burden hours per					
Form 4 or									response 0.5		
Form 5 obligation	- ·	-						ge Act of 1934,			
may conti				•	•	- ·		of 1935 or Section	on		
See Instru	ction	30(h)	of the Inv	vestment	Company	y Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> FRACALOSSI KIMBRA A			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
				ORP [VV	711						
(Last)	(First)	(Middle)		E.	-			(Che	ck all applicabl	e)	
(Last)	(Pilst)	(Mildule)	3. Date of Earliest Transaction (Month/Day/Year)			Director	109	% Owner			
EXHIBITGF	04/17/2006					Officer (give title Other (specify					
	200 NORTH		0 11 11 20					below) President & CI	below) FO / Exhibitaro	un/Giltspur	
AVENUE								i resident & Ci	Division	up/Ontsput	
	(Street)		4. If Amer	ndment. Dat	e Original			6. Individual or J	oint/Group Fili	ng(Check	
()			4. If Amendment, Date Original Filed(Month/Day/Year)					Applicable Line)			
			04/17/2006					_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
ROSELLE, I	IL 60172							Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dec	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		on Date, if		onAcquired			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month	/Day/Year)	Code Disposed of (I (Instr. 8) (Instr. 3, 4 and			· ·	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Month	(Duy) I cui)	(11301.0)	(1150.5,	i unu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 anu 4)			
Common								16,385 <u>(1)</u>	D		
Stock											

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

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

Scott E. Sayre, Attorney-in-Fact

05/25/2006

**Signature of Reporting Person

Date

Explanation of Responses:

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).

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

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.