

Edgar Filing: FRACALOSSI KIMBRA A - Form 5

FRACALOSSI KIMBRA A
Form 5
January 30, 2003

FORM 5

U.S. SECURITIES AND EXCHANGE COMMISSION
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

1. Name and Address of Reporting Person	2. Issuer Name and Ticker or Trading Symbol	3. IRS or Social Security Number of Reporting Person (Voluntary)
---	---	--

Fracalossi, Kimbra A. Exhibitgroup/Giltspur Division 200 North Gary Avenue Roselle, Illinois 60172	Viad Corp VVI
---	------------------

6. Relationship of Reporting Person to Issuer (Check all applicable)

Director 10% Owner Officer (give title below) Other (specify below)

Chief Executive Officer

7. Individual or Joint/Group Reporting
 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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I)
---------------------------------	--------------------------------------	--------------------------------	---	---	---

Table II - Derivative Securities Acquired, Disposed of, or Beneficially owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Underlying Security (Instr. 5)
--	--	---------------------	--------------------------------	--	--	---	--

(Month/	C	Date Expi-	Amount
Day/	O	Exer-	ra-	or
				Number

Edgar Filing: FRACALOSSI KIMBRA A - Form 5

Year	D					cis-	tion		of
)	E	V	(A)	(D)		able	Date	Title	Shares

Explanation of responses:

Signature of Reporting Person:

/s/Carol Kotek, Attorney-in-Fact

Carol Kotek, Attorney-in-Fact