

Edgar Filing: MORRISON DAVID G - Form 5

MORRISON DAVID G
 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)

Morrison, David G. Viad Corp
 Brewster Transport Company Limited VVI
 100 Gopher Street, P.O. Box 1140
 Banff, Alberta, Canada T0L 0C0

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

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

X
 Pres/CEO, Brewster T
 ransport Company Ltd

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 at End of Reporting Period (Instr. 5) |
|--|--|---------------------|--------------------------------|--|--|---|---|
|--|--|---------------------|--------------------------------|--|--|---|---|

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

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| 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