

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Institutional Venture Partners XIII, L.P.</u> <hr/> (Last) (First) (Middle) 3000 SAND HILL ROAD BLDG. 2, SUITE 250 <hr/> (Street) MENLO PARK CA 94025 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Inspirato Inc [ISPO]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024	
4. If Amendment, Date of Original Filed (Month/Day/Year)		
Rule 10b5-1(c) Transaction Indication <input type="checkbox"/> Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Common Stock	03/13/2024		S		41	D	\$4.25	443,008	D ⁽¹⁾	

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 (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
Institutional Venture Partners XIII, L.P.

 (Last) (First) (Middle)
 3000 SAND HILL ROAD BLDG. 2, SUITE 250

 (Street)
 MENLO PARK CA 94025

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Institutional Venture Management XIII, LLC

 (Last) (First) (Middle)
 3000 SAND HILL ROAD BLDG. 2, SUITE 250

 (Street)
 MENLO PARK CA 94025

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Chaffee Todd C

 (Last) (First) (Middle)
 C/O INSTITUTIONAL VENTURE PARTNERS
 3000 SAND HILL ROAD BLDG. 2, SUITE 250

 (City) (State) (Zip)

(Street)		
MENLO PARK	CA	94025
<hr/>		
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
FOGELSONG NORMAN A		
<hr/>		
(Last)	(First)	(Middle)
C/O INSTITUTIONAL VENTURE PARTNERS		
3000 SAND HILL ROAD BLDG. 2, SUITE 250		
<hr/>		
(Street)		
MENLO PARK	CA	94025
<hr/>		
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Harrick Stephen J		
<hr/>		
(Last)	(First)	(Middle)
C/O INSTITUTIONAL VENTURE PARTNERS		
3000 SAND HILL ROAD BLDG. 2, SUITE 250		
<hr/>		
(Street)		
MENLO PARK	CA	94025
<hr/>		
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Miller J Sanford		
<hr/>		
(Last)	(First)	(Middle)
C/O INSTITUTIONAL VENTURE PARTNERS		
3000 SAND HILL ROAD BLDG. 2, SUITE 250		
<hr/>		
(Street)		
MENLO PARK	CA	94025
<hr/>		
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Phelps Dennis B		
<hr/>		
(Last)	(First)	(Middle)
C/O INSTITUTIONAL VENTURE PARTNERS		
3000 SAND HILL ROAD BLDG. 2, SUITE 250		
<hr/>		
(Street)		
MENLO PARK	CA	94025
<hr/>		
(City)	(State)	(Zip)

Explanation of Responses:

1. The securities are held of record by Institutional Venture Partners XIII, L.P. ("IVP XIII"). Institutional Venture Management XIII, LLC ("IVM XIII") is the general partner of IVP XIII. Todd C. Chaffee, Norman A. Fogelsong, Stephen J. Harrick, J. Sanford Miller and Dennis B. Phelps, Jr. as the managing directors of IVMXIII, may be deemed to have shared voting and dispositive power with respect to the securities held by IVP XIII. Each of IVM XIII and the managing directors disclaims beneficial ownership of the securities reported herein, except to the extent of its or his respective pecuniary interest therein.

[Institutional Venture Partners XIII, L.P., By: Institutional Venture Management XIII, LLC, its General Partner, By:/s/Tracy Hogan, Attorney-In-Fact](#) [03/15/2024](#)

[Institutional Venture Management XIII, LLC, By: /s/ Tracy Hogan, Attorney-In-Fact](#) [03/15/2024](#)

[Todd C. Chaffee, By: /s/ Tracy Hogan, Attorney-In-Fact](#) [03/15/2024](#)

[Norman A. Fogelsong, By: /s/ Tracy Hogan, Attorney-In-Fact](#) [03/15/2024](#)

[Stephen J. Harrick, By: /s/](#) [03/15/2024](#)

[Tracy Hogan, Attorney-In-](#)
[Fact](#)

[J. Sanford Miller, By: /s/](#) [03/15/2024](#)

[Tracy Hogan, Attorney-In-](#)
[Fact](#)

[Dennis B. Phelps, Jr., By: /s/](#) [03/15/2024](#)

[Tracy Hogan, 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 Number.