FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	U																		
Name and Address of Reporting Person*     Grosse Eric						2. Issuer Name <b>and</b> Ticker or Trading Symbol Inspirato Inc [ISPO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
GIUSSE	Lite				'										Direc					
,					-									- [	√ Office below	er (give title v)		ner (s low)	pecify	
(Last)	(Fir	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 08/20/2024										C	hief Exec	utive Offic	er		
C/O INSPIRATO INCORPORATED					00/2	00/20/2024														
1544 WAZEE STREET																				
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line	,			_		
DENVE	R CC	8	0202													,	e Reporting			
															Form Perso		re than One	Repo	rting	
(City)	(St	ate) (Z	Zip)												1 0100	<b>211</b>				
(=,)		(-																		
		Table	I - Nor	n-Deriva	itive S	Secu	rities	s Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of S	Security (Inst	r. 3)		2. Transac	ction	ion 2A. Deemed 3. 4. Securities Acquired (A						(A) or	or 5. Amount of		6. Ownership		7. Nature			
	, ,	• • •		Date (Month/Da	av/Voar\	Execution Date,			Transaction Disposed Of (D) (Instr. 3			3, 4 and	d Securi Benefi		Form: Dire		of Indirect Beneficial			
(MOIIII/Da)				ay/ rear/	(Month/Day/Year)			8)				Owned	l Following	(I) (Instr. 4)	·   (	Ownership				
						1			Code	v	Amount	(A) (D)	or	Price		ction(s)		- 1	Instr. 4)	
						_			Jour	Ľ	Amount	(D)			(Instr.	3 and 4)		_		
CLASS A COMMON STOCK 08/20/2					2024		F <sup>(1)</sup>		59,467	D \$4.0		\$4.0	08 116,297		D					
		Tal	ـ اا ماد	Derivati	ive Se	Curi	tipe	Δεαμί	ired F	)ien	osed of, o	or Re	nofi	cially	v Owner	- Н				
		141									onvertib				y Owne.	4				
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. NI	umber	6. Date	Exerci	isable and	7. Titl	le and		3. Price of	9. Number	of 10.		11. Nature	
Derivative	Conversion	Date		on Date,	Transa		tion of		Expiration Date			Amount of		1	Derivative	derivative	Owner	ship	of Indirect	
Security (Instr. 3)				Day/Year)	Code (   8)	Code (Instr. 3)		Derivative Securities					Securities Underlying		Security Instr. 5)	Securities Beneficially			Beneficial Ownership	
						Acquired (A) or			Derivativ Security				str		Owned Following	or Indirect (I) (Instr. 4)		(Instr. 4)		
						Disposed					and 4)			Reported	1	,				
					of (D) (Instr. 3,		0) r. 3, 4							Transaction (Instr. 4)	n(s)					
							and 5)									ľ ,				
													Amo	unt						
					Code V		/ (A) (D)						or Num	ber						
									Date Exercisable		Expiration Date	Title	of Shar	,						
					Joue	<u> </u>		(6)	-AGI CIS	ubie	Date	11118	Unia							

1. The shares were withheld to satisfy the reporting person's tax liability in connection with the vesting of restricted stock units, or RSUs.

/S/ SILVIA HALL, BY **POWER OF ATTORNEY** 

08/23/2024

\*\* 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 Number.