(Last)

(Street)

(City)

MENLO PARK

(First)

 $\mathsf{C}\mathsf{A}$ 

(State)

1. Name and Address of Reporting Person\*

3000 SAND HILL ROAD BLDG. 2, SUITE 250

(Middle)

94025

(Zip)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	hurdon

0.5

hours per response:

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

		Reporting Person*  Iture Manage	ment	t XIII, LI	<u>LC</u>														
(City)		(State)	(Z	Ľip)															
(Street)  MENLO	) PARK	CA	94	4025															
(Last) 3000 SA		(First) ROAD BLDG. 2	•	Aiddle)															
		Reporting Person*  Ature Partners	XIII	<u>I, L.P.</u>															
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Sha						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date,	4. Transac Code (Ir 8)	tion	5. Numl	ber rative rities iired r osed )		Exerc on Da	cisable and ate Amoun Year) Securit Underly Derivat Securit		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			le II ·	- Derivativ	ve Sec				ired, C				enef	icially			<u> </u>		
				06/06/20	-			S		2,908	1	-	\$1.05		219,758		D		
	Common St			06/02/20					S S		60,022 112,248	I I	-	\$0.96 <sup>(1)</sup> \$0.98 <sup>(2)</sup>	-,,-		D D		
			Date (Month/Day/	Year) if	Execution Date, if any (Month/Day/Year)			Transac Code (In 8)		Disposed O 5) Amount	(A) (D)	or <sub>F</sub>	Price	Benefi Owned Follow Report Transa (Instr.	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		m: Direct or rect (I) tr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
1. Title of	Security (Ins		l - No	on-Deriva	on 2	A. D	eemed		3.		4. Securitie	s Acq	uired (	(A) or	5. Amo	ount of		wnership	7. Nature
(Oily)	□ ch			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.															
(City)	Rul			Rule	Rule 10b5-1(c) Transaction Indication														
(Street) MENLO PARK CA 94025				Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person															
(Last) (First) (Middle) 3000 SAND HILL ROAD BLDG. 2, SUITE 250				4. If Amendment, Date of Original Filed (Month/Day/Year)										below) below)  6. Individual or Joint/Group Filing (Check Applicable					
				3. Date of Earliest Transaction (Month/Day/Year) 06/02/2023								1		er (give title	y	Other	(specify		
1. Name and Address of Reporting Person*  Institutional Venture Partners XIII, L.P.				2. Issuer Name <b>and</b> Ticker or Trading Symbol Inspirato Inc [ ISPO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
	. ,			Filed							ties Exchang mpany Act o			34					

Chaffee Todd (	<u>C</u>						
(Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250							
(Street) MENLO PARK	CA	94025					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* FOGELSONG NORMAN A							
	(First) DNAL VENTURE P L ROAD BLDG. 2,						
(Street) MENLO PARK	CA	94025					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* <u>Harrick Stephen J</u>							
(Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250							
(Street) MENLO PARK	CA	94025					
(City)	(State)	(Zip)					
Name and Address of Reporting Person*     Miller J Sanford							
(Last)	(First) ONAL VENTURE P	(Middle)					
	L ROAD BLDG. 2,						
(Street) MENLO PARK	CA	94025					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person*  Phelps Dennis B							
	(First) DNAL VENTURE P L ROAD BLDG. 2, 1						
(Street) MENLO PARK	CA	94025					
(Oit )	(0) (1)						

## Explanation of Responses:

(State)

(Zip)

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$0.95 to \$0.97 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$0.95 to \$1.01 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

(City)

/s/Tracy Hogan, Attorney-In-**Fact** 

**Institutional Venture** 

Management XIII, LLC, By: 06/06/2023 /s/ Tracy Hogan, Attorney-In-

**Fact** 

Todd C. Chaffee, By: /s/

Tracy Hogan, Attorney-In-06/06/2023

**Fact** 

Norman A. Fogelsong, By: /s/

Tracy Hogan, Attorney-In-06/06/2023

**Fact** 

Stephen J. Harrick, By: /s/

Tracy Hogan, Attorney-In-06/06/2023

**Fact** 

J. Sanford Miller, By: /s/

06/06/2023 Tracy Hogan, Attorney-In-

<u>Fact</u>

Dennis B. Phelps, Jr., By: /s/

Tracy Hogan, Attorney-In-06/06/2023

**Fact** 

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.