Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|------------------|
| | |

| OMB APPROVAL | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| hours per response | 9: 0.5 | | | | | | | | |

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>SELLERS R SCOT</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Inspirato Inc [ISPO] | | | | | | | | | Check all app | | | 10% | Owner |
|--|--|-------|------------------------------------|-----------|--|---|--|---|---|--------|---|---|--|--|---|--|---|-------|
| (Last) (First) (Middle) C/O INSPIRATO INCORPORATED 1544 WAZEE STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Officer (give title Other (specification) Officer (give title Other (specification)) Officer (give title Oth | | | | |
| (Street) DENVE | | | 30202 Zip) | | | 4. II Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | on-Deriva | ative S | Secui | rities | Acc | quirec | d, Dis | sposed of | , or B | enefic | ially Own | ed | | | |
| Date | | | 2. Transacti Date (Month/Day | . | on 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5) | | | | | d Securiti Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | nership : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | Transac (Instr. 3 | tion(s) | | | (111501.4) | |
| Class A Common Stock 04/15/20 | | | | 022 | 22 | | A | | 24,077(1) | A | \$0.0 | 0 24 | 24,077 | | D | | | |
| Class A (| Class A Common Stock | | | | | | | | | | | 84 | 84,432 | | I | See footnote ⁽²⁾ | | |
| | 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) | rivative Conversion Date Execution Date, Transact curity or Exercise (Month/Day/Year) if any Code (In | | | | 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 derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4) | e s ally g | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

- $1.\ The\ reported\ shares\ are\ represented\ by\ restricted\ stock\ units,\ or\ RSUs,\ all\ of\ which\ vest\ on\ April\ 15,\ 2023.$
- 2. The shares are held by Elk Sierra, LLC., for which the reporting person serves as the sole member and manager.

Remarks:

/s/ James Hnat, by power of

08/10/2022

attorney

** 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.