FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					01 000		0(11) 0		11400011101	00	прапу Аст	J. 10-							-
1. Name ar	2. Issuer Name and Ticker or Trading Symbol Vivid Seats Inc. [SEAT]									(Che	elationshi eck all app	,	ng Pe	erson(s) to I					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023										er (give title		Other (s	· I
C/O VIV	4 If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 In	6. Individual or Joint/Group Filing (Check Applicable								
24 E. WASHINGTON STREET, SUITE 900						4. It Americanical, Date of Original Fried (World Day/Teal)								Line					
(Street)	treet)														Form filed by More than One Reporting Person				
Cilicate	CHICAGO IL 60002				Rule 10b5-1(c) Transaction Indication														
(City)	(C)	ata) (T	rim)		Rule 1000-1(c) Hansaction indication														
(City)	City) (State) (Zip)				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.												tended		
		Table	l - No	n-Deriva	tive Se	ecui	rities	Acc	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month//Day/					Year) Execution		ution Date,		Transaction Disposed Of Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3, 4			Benefi Owned Follow	ties cially I ing	Forn (D) o	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A)) or F	Price		rted action(s) . 3 and 4)			
Class A C	2023				S ⁽¹⁾		12,500]	D S	\$7.75 ⁽²	2) 5	5,579		D					
	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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	rative rities ired r osed)	6. Date Expirati (Month/	on Da	ear) Securi Under Deriva Securi		ount of urities erlying vative	S (I	. Price of perivative security nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Sha	ber					

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan dated November 25, 2022.
- 2. The price reported is a weighted average price. The securities were sold in multiple transactions at per share prices ranging from \$7.66 to \$7.81. The Reporting Person undertakes to provide upon request from the SEC staff, the Issuer, or any shareholder of the Issuer, full information regarding the number of securities sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Craig A. Dixon

06/09/2023

** 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.