SEC Form 4	-
------------	---

 $\Box$ 

## 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

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

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

1. Name and Address of Reporting Person* <u>VIACOM INC</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>BLOCKBUSTER INC</u> [ BBI ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner
(Last) 1515 BROADW	(First) AY	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2004	Officer (give title Other (specify below) below)
(Street) NEW YORK (City)	NY (State)	10036 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person

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 Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A Common Stock	03/31/2004		Р		200	A	\$17.51	1,945,474	D	
Class A Common Stock	03/31/2004		Р		200	A	\$17.53	1,945,674	D	
Class A Common Stock	03/31/2004		Р		200	A	\$17.55	1,945,874	D	
Class A Common Stock	03/31/2004		Р		500	A	\$17.57	1,946,374	D	
Class A Common Stock	03/31/2004		Р		500	A	\$17.58	1,946,874	D	
Class A Common Stock	03/31/2004		Р		700	A	\$17.59	1,947,574	D	
Class A Common Stock	03/31/2004		Р		571	A	\$17.6	1,948,145	D	
Class A Common Stock	03/31/2004		Р		700	A	\$17.61	1,948,845	D	
Class A Common Stock	03/31/2004		Р		900	A	\$17.62	1,949,745	D	
Class A Common Stock	03/31/2004		Р		1,500	A	\$17.63	1,951,245	D	
Class A Common Stock	03/31/2004		Р		200	A	\$17.64	1,951,445	D	
Class A Common Stock	03/31/2004		Р		100	A	\$17.65	1,951,545	D	
Class A Common Stock	03/31/2004		Р		300	A	\$17.66	1,951,845	D	
Class A Common Stock	03/31/2004		Р		100	A	\$17.67	1,951,945	D	
Class A Common Stock	03/31/2004		Р		1,300	A	\$17.68	1,953,245	D	
Class A Common Stock	03/31/2004		Р		200	A	\$17.69	1,953,445	D	
Class A Common Stock	03/31/2004		Р		100	A	\$17.7	1,953,545	D	
Class A Common Stock	03/31/2004		Р		300	A	\$17.73	1,953,845	D	
Class A Common Stock	03/31/2004		Р		200	A	\$17.74	1,954,045	D	
Class A Common Stock	03/31/2004		Р		200	A	\$17.75	1,954,245	D	
Class A Common Stock	03/31/2004		Р		800	A	\$17.76	1,955,045	D <sup>(1)</sup>	
Class A Common Stock								1,621,100	I	Indirect <sup>(2)</sup>

## 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)	Transaction Code (Instr. 8)		nsaction of		Expiration Date (Month/Day/Year) irities irred osed ) ), r, 3, 4		7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	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	(A)	(D)	Date Expiration Exercisable Date		Title	Amount or Number of Shares					

(Last)       (First)       (Middle)         1515 BROADWAY       (Middle)         (Street)       NEW YORK       NY         NEW YORK       NY       10036         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NAIRI INC         (Last)       (First)       (Middle)         200 ELM STREET       (Street)       DEDHAM         DEDHAM       MA       02026         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NATIONAL AMUSEMENTS INC /MD/         (Last)       (First)       (Middle)         200 ELM STREET       (Street)       O2026         (Street)       DEDHAM       MA         0200 ELM STREET       (Middle)         (Last)       (First)       (Middle)         200 ELM STREET       (Street)       DEDHAM         DEDHAM       MA       02026
NEW YORK       NY       10036         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NAIRI INC         (Last)       (First)       (Middle)         200 ELM STREET       (Street)       02026         DEDHAM       MA       02026         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NATIONAL AMUSEMENTS INC /MD/         (Last)       (First)       (Middle)         200 ELM STREET       (Street)       (Street)
1. Name and Address of Reporting Person*         NAIRI INC         (Last)       (First)         (Delta Street)         DEDHAM       MA         02026         (City)       (State)         1. Name and Address of Reporting Person*         NATIONAL AMUSEMENTS INC /MD/         (Last)       (First)         (Street)         (Street)         (Street)         (Street)
NAIRI INC         (Last)       (First)       (Middle)         200 ELM STREET         (Street)       (Street)         DEDHAM       MA       02026         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NATIONAL AMUSEMENTS INC /MD/         (Last)       (First)       (Middle)         200 ELM STREET       (Street)
200 ELM STREET         (Street)         DEDHAM       MA         02026         (City)       (State)         1. Name and Address of Reporting Person*         NATIONAL AMUSEMENTS INC /MD/         (Last)       (First)         200 ELM STREET         (Street)
DEDHAM     MA     02026       (City)     (State)     (Zip)       1. Name and Address of Reporting Person*
1. Name and Address of Reporting Person*          NATIONAL AMUSEMENTS INC /MD/         (Last)       (First)         (Middle)         200 ELM STREET         (Street)
NATIONAL AMUSEMENTS INC /MD/ (Last) (First) (Middle) 200 ELM STREET (Street)
200 ELM STREET (Street)
l
(City) (State) (Zip)
1. Name and Address of Reporting Person* <u>REDSTONE SUMNER M</u>
(Last) (First) (Middle) C/O VIACOM INC. 1515 BROADWAY
(Street) NEW YORK NY 10036
(City) (State) (Zip)
1. Name and Address of Reporting Person* VIACOM INTERNATIONAL INC /DE/
(Last) (First) (Middle) 1515 BROADWAY
(Street) NEW YORK NY 10036
(City) (State) (Zip)

## Explanation of Responses:

1. These securities are owned directly by Viacom Inc. (Viacom), but may also be deemed to be beneficially owned by (1) NAIRI, Inc. (NAIRI), which owns approximately 70% of Viacom's voting stock, (2) NAIRI's parent corporation, National Amusements, Inc. (NAI) and (3) Summer M. Redstone, who is the controlling stockholder of NAI.

2. These securities are owned directly by Viacom International Inc., a wholly-owned subsidiary of Viacom, but may also be deemed to be beneficially owned by (1) NAIRI, (2) NAI and (3) Sumner M. Redstone.

**Remarks:** 

<u>By: Michael D. Fricklas,</u> <u>Executive Vice President</u>	04/02/2004
<u>By: Sumner M. Redstone,</u> <u>Chairman &amp; President</u>	<u>04/02/2004</u>
<u>By: Sumner M. Redstone,</u> <u>Chairman &amp; CEO</u>	<u>04/02/2004</u>
By: Sumner M. Redstone	04/02/2004

By: Michael D. Fricklas, Executive Vice President 04/02/2004

\*\* Signature of Reporting Person Date

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

 $\ast$  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.