FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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

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

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1. Name and Address of Reporting Person* CALIFANO JOSEPH A				2. Issuer Name and Ticker or Trading Symbol VIACOM INC [VIA, VIAB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CALIFANO JUSEPH A												X Di	ector		10% O	wner				
(Last) 1515 BR	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2005								Officer (give title below)			Other (specify below)			
1010 BROTE WIT					4 16	A If American Detect Original Ether (A. 1170 D. 177)									6 Individual or Joint/Croup Filing (Chook Applicable					
(Street)	,				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person						
NEW YO	ORK N	Y :	10036									Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-	Deriva	ative	Sec	uriti	es A	cquired, D	ispo	sed o	of, or B	enefici	ally Ow	ned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Date	Execution Date,		e, Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 aı		and Sec Ben Owi	mount of urities eficially led Following	For (D)	m: Direct	7. Nature of Indirect Beneficial Ownership						
							Code	/ A	mount	(A) (D)	or Pric	Trai	orted saction(s) r. 3 and 4)			(Instr. 4)				
	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 Da if any (Month/Day/	ate, Ti	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		_			8. Price Derivativ Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares							
Phantom Class A Common Stock Units	(1)	10/01/2005			A		406		(1)	(1	l)	Class A common stock	406	\$33.22	3,298		D			
Phantom Class B Common Stock Units	(1)	10/01/2005			A		409		(1)	(1	1)	Class B common stock	409	\$33.01	3,325		D			

Explanation of Responses:

1. Reporting Person has elected to defer payment of Board retainer and fees pursuant to Viacom's deferred compensation arrangement for directors. Deferred amounts (including any cash dividends credited during the previous quarter) are deemed invested quarterly in the number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such amounts would have purchased when converted. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

Remarks:

/s/ Califano, Jr., Joseph A. 10/04/2005

** 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.