(Street)

(City)

(Last)

(Street) **DEDHAM**

(City)

NEW YORK

NAIRI INC

200 ELM STREET

NY

(State)

(First)

 $\mathbf{M}\mathbf{A}$

(State)

1. Name and Address of Reporting Person*

10036

(Zip)

(Middle)

02026

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	2054

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

msuuc	uon 1(b).			FIII							Company Act		1 1934			1		
		Reporting Person*					Name an OM IN				ng Symbol AB]					olicable)	g Person(s) to	ssuer
(Last) 1515 BR	(Fi	rst) (Middle)		Date of /07/20		Tran	nsaction	n (Moi	nth/Day/Year)			X		er (give title w)		(specify
(Street) NEW Y(10036 Zip)	i	4. 1	f Amer	ndment, I	Date	of Orig	jinal F	iled (Month/Da	y/Year)		6. Indiv Line)	Forn	n filed by One n filed by Mor	Filing (Check Reporting Per e than One Re	son
		Tab	e I -	Non-Deriv	vative	e Sec	urities	Ac	quir	ed, C	Disposed o	f, or E	Bene	ficially	Owne	ed		
1. Title of S	Security (Inst	r. 3)		2. Transaction Date (Month/Day/	- 1	if any	eemed Ition Date	·,	3. Transa Code (I 8)		4. Securities A Disposed Of (I				Secu Bene Owne	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) o (D)	r Pri	ce		rted action(s) . 3 and 4)		(Instr. 4)
Class B c	ommon sto	ck		12/07/20	005				D		3,700,202(1)	D	\$3	2.703 ⁽²⁾	80	,782,541	I	By NAIRI, Inc. ⁽³⁾
Class B c	ommon sto	ck														10,080	D	
Class B c	ommon sto	ck														265	I	By 401(k)
Class B c	ommon sto	ck														200	I	By Spouse
		Та	ıble I								sposed of, on convertib				wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exect if any	eemed ution Date, th/Day/Year)	4. Transa Code 8)	action (Instr.	5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5)	tive ties ed	Expi	ration	ercisable and Date y/Year)	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties ying tive	Deri Seci (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisabl	Expiration e Date	Title	Amou or Numl of Share	per				
		Reporting Person* MNER M																
(Last) 1515 BR	OADWAY	(First)	(Middle)														

1. Name and Address of Reporting Person* NATIONAL AMUSEMENTS INC /MD/						
(Last) 200 ELM STRE	(First) EET	(Middle)				
(Street) DEDHAM	MA	02026				
(City)	(State)	(Zip)				

Explanation of Responses:

- 1. Shares sold to Viacom Inc. (Viacom) pursuant to a previously disclosed agreement among NAIRI, Inc. (NAIRI), National Amusements Inc. (NAI) and Viacom, pursuant to which NAIRI and NAI participate in Viacom's stock purchase program on a pro-rata basis.
- 2. Calculated in accordance with the terms of the agreement referred to in footnote 1.
- 3. These securities are owned directly by NAIRI, but may also be deemed to be beneficially owned by (1) NAIRI's parent corporation, NAI, and (2) Sumner M. Redstone, who is the controlling stockholder of

By: /s/ Michael D. Fricklas, 12/09/2005

Attorney-in-Fact By: /s/ Richard J. Sherman,

** Signature of Reporting Person

12/09/2005

By: /s/ Richard J. Sherman,

12/09/2005

Vice President

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.