### 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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*  REDSTONE SHARI  (Last) (First) (Middle)  1515 BROADWAY						2. Issuer Name and Ticker or Trading Symbol <u>Viacom Inc.</u> [ VIA, VIAB ]  3. Date of Earliest Transaction (Month/Day/Year) 07/01/2007  4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give title Other (specify below)  Vice Chair of the Board  6. Individual or Joint/Group Filing (Check Applicable)					
(Street) NEW Y(	NEW YORK NY 10036 (City) (State) (Zip)														Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															7.11-0				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.						Execution Date			Code (Instr.					nd Sec Ben Owi	mount ourities eficially ed Foll	/ F0	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	nt (A) or Pr		Trai	Reported Transaction(s) (Instr. 3 and 4)			(IIISti. 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/Y	´   c	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		le and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5	ve de Se Be Ov Fo Re	Number of erivative securities eneficially whed ollowing eported ansaction(s str. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				С	Code	v	(A)	(D)	Date Exercisable	Exp Dat	oiration te	Title	Amount or Number of Shares						
Class A Phantom Common Stock Units	(1)	07/01/2007			A		229		(1)		(1)	Class A Common Stock	229	\$41.6		3,166	D		
Class B Phantom Common Stock Units	(1)	07/01/2007			A		229		(1)		(1)	Class B Common Stock	229	\$41.6		3,171	D		

#### **Explanation of Responses:**

1. The Reporting Person has elected to defer payment of director retainer and meeting fees and related interest thereon pursuant to the Viacom Inc. Deferred Compensation Plan for Outside Directors. Deferred amounts are deemed invested quarterly in a number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such deferred amounts, if invested as equally as possible in the Class A and Class B Common Stock, would have purchased on the day the amounts are deemed invested. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

### Remarks:

By: Michael D. Fricklas, 07/03/2007 Attorney-in-Fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.