FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burd	en								
l	hours per response:	0.5								

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  $\,$ 

					UI	Jecu	011 30(	(ii) oi tile	IIIVESII	Hent C	5011	ipany Act	01 13	40								
	nd Address o		2. Issuer Name and Ticker or Trading Symbol Viacom Inc. [ VIA, VIAB ]												5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
White Denise																		Director		10% Ov	·	
-		3 [	Date of Earliest Transaction (Month/Day/Year)											below)				specify				
(Last)	(F		10/11/2009										EVP, HR & Administration									
1515 BR	ROADWAY																					
			- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																	F 6		D		_	
NEW YORK NY 10036																X	X Form filed by One Reporting Person					
																	Form filed by More than One Reporting Person					
(City)	(9	State)	(Zip)																			
		Tal	le I - No	n-Deriv	vativ	e Se	curit	ies Ac	quire	d, D	isp	osed o	f, o	r Ber	nefici	ally	Owned					
1. Title of	Security (Ins	str. 3)		2. Trans	saction		A. De		3.			4. Securit					5. Amou	nt of			7. Nature	
	, ,	•		Date (Month/	/Dav/Ye	Execution Date			, Transaction Code (Instr.							4 and Securition					of Indirect Beneficial	
					,		(Month/Day/Year)					,				Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)		
									Cod	le v	.	Amount		(A) or (D)	Pric	e	Transact (Instr. 3 a	ion(s)			(1113111. 4)	
									+	+			_		+	45	, ,			_		
Class B (	Common S	1/200	2009			I M			10,000	0	A	(	1)	16,620			D					
Class B (	Common S	1/200	2009			F			3,748	3	D	\$28.98		12,872		D						
									$\top$	$\top$			T								By	
Class B (	Common S													5	23			401(k)				
															<u> </u>							
			Table II -									osed of, onvertil					wned					
1. Title of	2.	3. Transaction	3A. Deem	<del>` • · ·</del>	4.	-	1				_						. Price of	9. Numbe	r of	10.	11. Nature	
Derivative	Conversion	Date	Execution	Date,	Transa		on of		6. Date Exercisal Expiration Date (Month/Day/Year)			of Securities			es	Derivative		derivative		Ownership		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da		Code ( 8)	instr.						ır)	Underlying Derivative Secu		Securi	Security ity (Instr. 5)		Securities Beneficially		Form: Direct (D)	Ownership	
	Derivative Security												(Ins	tr. 3 an	d 4)			Owned Following		or Indirect (I) (Instr. 4)		
																		Reported Transactio	on(s)			
								and 5)										(Instr. 4)	(-,			
											ı				Amou or	nt						
									<b> </b>		_				Numb	er						
					Code	v	(A)	(D)	Date Exerc	isable		xpiration ate	Title	,	of Share	s						
Restricted											Ī		Cla	iss B								
Share Units <sup>(2)</sup>	(1)	10/11/2009			M			10,000	(1	1)		(1)		nmon ock	10,00	)U	(2)	10,000		D		

## **Explanation of Responses:**

- 1. Shares of the Issuer's Class B common stock were issued to the Reporting Person on October 11, 2009 upon vesting of the second of three equal annual installments of previously granted Restricted Share Units. On October 9, 2009, the closing price of the Issuer's Class B common stock on the New York Stock Exchange was \$28.98 per share.
- 2. Granted under the Viacom Inc. 2006 Long-Term Management Incentive Plan, as amended and restated December 2, 2008, for no consideration.

## Remarks:

/s/ Denise White

\*\* Signature of Reporting Person Date

10/14/2009

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.