FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  COHEN WILLIAM S						2. Issuer Name and Ticker or Trading Symbol VIACOM INC VIA, VIAB									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
COTILIN WILLIAM 5															X Director			10% O	wner	
(Last) (First) (Middle) 1515 BROADWAY					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2005									Officer (give title below)				Other ( below)	specify	
			Ī	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street) NEW Y	DRK NY 10036		10036						•					Line)  X Form filed by One Reporting Pers Form filed by More than One Rep					on	
(City) (State) (Zip)														Person						
		Tab	le I - Non-D	eriva	tive	Sec	uritie	es A	cquired, [	Disp	osed	of, or B	enefic	ially	Owne	d				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execut			Code (Instr.		Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amo Securit Benefic Owned Report	ies cially Following	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	mount (A) or (D)			Transa	ction(s) 3 and 4)			(IIISU. 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 Date if any (Month/Day/Yes	Co	ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De	Price of erivative ecurity astr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F C C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	er						
Phantom Class A Common Stock Units	(1)	07/01/2005		1	A		498		(1)		(1)	Class A common stock	498	\$	32.42	2,406		D		
Phantom Class B Common Stock	(1)	07/01/2005		1	A		501		(1)		(1)	Class B common stock	501	\$	32.18	2,429		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:

By: /s/ Michael D. Fricklas, Attorney-in-Fact

07/06/2005

\*\* 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.