FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540	
Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number:	3235-0287										
	Estimated average burden											
- 1	hours por 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* GOLDNER BRIAN					2. Issuer Name and Ticker or Trading Symbol ViacomCBS Inc. [VIACA,VIAC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		 '								_	X Director Officer	or (give title		10% Ov Other (s				
(Last)	,	rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2021							below)			below)			
1515 BR	OADWAY			4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	Individual or	loint/Groun	Filing	ı (Check An	nlicable	
(Street)				_	4. II Amerianient, Date of Original Filed (World/Day/Teal)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
NEW YO	ORK N	Y 1	10036										Form filed by More than One Reporting					
(City)	(St	tate) (Zip)										Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4 5) 8)		red (A) or str. 3, 4 ar	Benefic Owned	es For ially (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
					Code V Amount (A) or (D)					r Price	Reporte Transac (Instr. 3	tion(s)			(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 Date if any (Month/Day/Yea	4. 5. Number of English Code (Instr. Derivative (6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares						
Phantom Class A Common Stock Units	(1)	10/01/2021		A		418		(1)		(1)	Class A common stock	418	\$42.49	7,688		D		
Phantom Class B Common Stock Units	(1)	10/01/2021		A		445		(1)		(1)	Class B common stock	445	\$39.9	8,338		D		

Explanation of Responses:

1. Reporting Person has elected to defer payment of Board/Committee fees, as applicable, pursuant to the Issuer's deferred compensation arrangement for directors. Deferred amounts (as well as any cash dividends credited to the account during the previous quarter) are deemed invested at the beginning of each calendar quarter into Phantom Class A Common Stock Units and Phantom Class B Common Stock Units based on the closing market price of the Issuer's Class A Common Stock and Class B Common Stock, as applicable, on the day of the deemed investment. The cash value of the Phantom Common Stock and Class B Common Stock B Common S Units is paid out after the Reporting Person's retirement from the Board.

/s/ Christa A. D'Alimonte,

Attorney-in-Fact for Brian

Goldner

** Signature of Reporting Person Date

10/05/2021

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.