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 | STATEMENT OF C |
|--|-------------------|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to |

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

| Name and Address of Reporting Person* BARGE JAMES W | | | | | 2. Issuer Name and Ticker or Trading Symbol Viacom Inc. [VIA, VIAB] | | | | | | | | | Check | all applic Directo | able) | g Person(s) to Issi 10% Ow Other (s | | /ner |
|--|---|--|--|--------|--|---|--|--------|---|--------|--|--|---------------------------------------|--|---|--|---|--|---|
| (Last) 1515 BR | (Last) (First) (Middle) 1515 BROADWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2012 | | | | | | | | X | below) | below) | респу | | |
| (Street) | ORK N | Y | 10036 | | 4. If A | men | ndment, [| Date (| of Original Fi | iled (| (Month/Da | ay/Year) | | Indiv ne) X | Form fi | led by One led by Mor | e Repo | (Check Apporting Person | n |
| (City) | (S | | (Zip) | Dorivo | tivo (| | urition | . ^ ^ | auirad D | Nion | 2004 | of or Bo | noficia | NIIv. 4 | | | | | |
| Table I - Non-Derivati 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | ction | 2. E) if | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transactio Code (Inst | | 4. Securities Acquire Disposed Of (D) (Inst | | ed (A) or | Ť | 5. Amour Securitie Beneficia Owned F | nt of s ally ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| | | - | Fable II - Do (e | | | | | | uired, Dis s, options | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Co | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Ye | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | De | 3. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | Co | Code V | | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amour or Number of Shares | r | | | | | |
| Employee Stock Option (Right to Buy) ⁽¹⁾ | \$47.21 | 05/23/2012 | | I | A | | 31,621 | | (2) | 05 | 5/23/2020 | Class B Common Stock | 31,62 | 1 | (1) | 31,62 | 1 | D | |
| Restricted Share Units ⁽¹⁾ | (3) | 05/23/2012 | | I | A | | 10,167 | | (3) | | (3) | Class B Common Stock | 10,16 | 7 | (1) | 10,16 | 7 | D | |

Explanation of Responses:

- 1. Granted under the Viacom Inc. 2006 Long-Term Management Incentive Plan, as amended and restated January 1, 2011, for no consideration.
- $2.\ The\ Stock\ Options\ will\ vest\ in\ four\ equal\ annual\ installments\ beginning\ on\ May\ 23,\ 2013.$
- 3. The Restricted Share Units will vest in four equal annual installments beginning on May 23, 2013 and will be settled by delivery of a corresponding number of shares of the Issuer's Class B Common Stock upon vesting.

Remarks:

/s/ James W. Barge

05/25/2012

** Signature of Reporting Person

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.