FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

| 1. Name and Address of Reporting Person* Byrne Barbara M | | | | | | 2. Issuer Name and Ticker or Trading Symbol Paramount Global [PARAA,PARA] | | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | ting Person(s) to Issuer 10% Owner | | | |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------|------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------|--------------------------------------------------|----------|--|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024 | | | | | | | | | Office below | er (give title w) | | Other (below) | (specify | |
| 1515 BROADWAY | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YO | ORK NY | NY 10036 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Ž | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | | |
| | | Table | 1 - 1 | Non-Deriva | tive S | Secui | rities | Ac | quir | red, Dis | posed o | f, or E | 3eneficia | ally | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | ear) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Followin Reported | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | - | Code | VA | mount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | |
| Class B common stock 02/15/20 | | | | 02/15/202 | 24 | 4 | | | A | | 179(1) | A | \$0.0000 | 0(1) 30,249(2) | | 249(2) | | D | | |
| Class B common stock | | | | | | | | | | | | | 1 | | .384 | | I | By children of the Reporting Person. | | |
| | | Tal | ble | II - Derivati (e.g., pu | | | | | | | osed of, | | | | Owned | t | | | | |
| 1. Title of Derivative Security (Instr. 3) | Title of 2. 3. Transaction 3A. Deemed Execution Date, or Exercise (Month/Day/Year) | | | 4. Transa | 4. Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Titl Amor Secu Unde Deriv Secu | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat | ite ercisable | Expiration of Date Title Shar | | | | | | | | | |

Explanation of Responses:

1. Represents shares of the Issuer's Class B common stock to which the Reporting Person became entitled with respect to dividend equivalents accrued on previously vested Restricted Share Units and that were reinvested in Class B common stock on February 15, 2024, but which have not been received because the director elected to defer receipt. On February 15, 2024, the date of reinvestment, the closing price of the Class B common stock on The NASDAQ Global Select Market was \$12.59 per share.

2. Includes shares acquired periodically pursuant to a dividend reinvestment program meeting the requirements of Rule 16a-11

/s/ Christa A. D'Alimonte.

Attorney-in-Fact for Barbara 02/20/2024

M. Byrne

** 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.