FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C | C. 20549 |
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| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| 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* FRICKLAS MICHAEL D | | | | | | 2. Issuer Name and Ticker or Trading Symbol Viacom Inc. [VIA, VIAB] | | | | | | | | (Check all a | | olicable) ctor | | Owner | |
|--|--|---------------------------------|-----------------|-----------|--------|--|---|------|--|---------|--------------------|---|--|------------------------|--|--|---|--|--|
| (Last) 1515 BR | (Last) (First) (Middle) 1515 BROADWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2014 | | | | | | | | Officer (give title below) EVP, General C | | belov | , | |
| (Street) NEW YO (City) | | | 10036 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - I | Non-Deriv | vative | Sec | uritie | s Ac | quire | ed, D | isposed c | of, or E | Benefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | | | Beneficial | | rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (Instr. 4) | |
| Class B Common Stock 08/18/201 | | | | | 014 | .4 | | S | | 6,108 | D | \$82.10 |)48 ⁽¹⁾ | | 0 | D | | | |
| Class B Common Stock | | | | | | | | | | | | | | | 1,606 | | I | By 401(k) | |
| | 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 | n Date e (Month/Day/Year) if | Execu if any | | | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exel Expiration I (Month/Day | | Date | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. The price reported is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$82.10 to \$82.12, inclusive. The Reporting Person undertakes to provide to the staff of the Securities and Exchange Commission, the Issuer or a stockholder of the Issuer, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ Michael D. Fricklas

** Signature of Reporting Person Date

08/20/2014

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.