FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

subject to	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(h)	

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

					or	Sectio	n 30(h)	of the	Investm	ent C	ompany Act	of 1940							
		Reporting Person* MNER M							ker or T		g Symbol						olicable)	g Person(s) to I	ssuer Owner
(Last) 51 WEST	(Fi		(Middle)			Date of 16/20		st Tran	saction	(Mont	h/Day/Year)				X	belov	,	Other below of the Board	(specify
(Street) NEW YC			10019		4. If	Amer	ndment	, Date	of Origir	nal Fil	ed (Month/Da	ay/Year)	6. Lir		Form	n filed by One	Filing (Check / Reporting Per re than One Re	son
(City)	(3)	•	(Zip) ====== le I - N	on-Deriv	/ative	Sec	uritie	es Ac	auire	d. Di	sposed o	f. or l	3ene	ficia	IIv C)wne	ed		
1. Title of S	ecurity (Inst			2. Transac Date (Month/Da	tion	2A. Exec	Deemed	d Date,	3. Transa Code (8)	ction	4. Securities	Acqui	ed (A)	or	5)	5. Amo Securi Benef	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or F	Price		Transa	action(s) 3 and 4)		(Instr. 4)
Class A C	ommon Sto	ock		10/16/2	2009				С		5,835,473	3 I		\$0		40,	993,941	I	By NAIRI, Inc. ⁽¹⁾
Class B C	ommon Sto	ock		10/16/2	2009				С		5,835,473	3 A	\	\$0		28,	645,000	I	By NAIRI, Inc. ⁽¹⁾
Class B C	ommon Sto	ock		10/20/2	2009				S		28,645,00	1 00)	\$11.5	5 ⁽²⁾		0	I	By NAIRI, Inc. ⁽¹⁾
Class B C	ommon Sto	ock															67	I	By 401(k)
Class B C	ommon Sto	ock														6	11,169	D	
Class A C	ommon Sto	ock															40	D	
		Ta	able II								oosed of, convertib				Ow	ned			
Derivative Conversion		Date Exec (Month/Day/Year) if an		emed ion Date, /Day/Year)	4. Transa Code (ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Prio Derive Secui (Instr.	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Shar	ber					
		Reporting Person* MNER M																	
(Last) 51 WEST	52ND ST	(First) REET	(M	iddle)															

(Last) (First) (Middle) 51 WEST 52ND STREET (Street) NEW YORK NY 10019 (City) (State) (Zip) 1. Name and Address of Reporting Person* NATIONAL AMUSEMENTS INC /MD/ (Last) (First) (Middle) 846 UNIVERSITY AVENUE

(Street)								
NORWOOD	MA	02026-2631						
(City)	(State)	(7in)						
(City)	(State)	(Zip)						
1. Name and Address NAIRI INC	ss of Reporting Person*							
(Last)	(First)	(Middle)						
846 UNIVERSITY AVENUE								
(Street)								
NORWOOD	MA	02062-2631						

Explanation of Responses:

- 1. These securities are owned directly by NAIRI, Inc. (NAIRI), but may also be deemed to be beneficially owned by (1) NAIRI's parent corporation, National Amusements, Inc. (NAI) and (2) Sumner M. Redstone, who is the controlling stockholder of NAI.
- 2. Net of underwriting discount of \$0.45 per share.

/s/ Sumner Redstone 10/20/2009
/s/ Richard J. Sherman, Vice
President
/s/ Richard J. Sherman, Vice
President 10/20/2009

** 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.