## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20

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OMB Number: 3235-0287 Estimated average burden

# Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruct	ons may conu ion 1(b).	nue. See		File	d nurs	suant	to Sectio	n 16	(a) of th	ne Sec	curities Exchan	ge Act o	f 1934			hours	per response:	0.5
motrace	1011 1(15).			1 110							Company Act		1 1 1 3 3 4					
		f Reporting Person <sup>†</sup> J <u>MNER M</u>	•				Name <b>a</b> m Inc.				ing Symbol					olicable)	g Person(s) to I	
(Last) 1515 BR	(F OADWAY	irst)	(Middle	2)		Date 0 /08/2		t Tra	ansactio	n (Mo	nth/Day/Year)			X	Offic belov	er (give title w)		(specify
(Street) NEW YC			10036 (Zip)	6	4. 1	If Ame	endment,	Dat	e of Ori	ginal F	Filed (Month/Da	ay/Year)		6. Indiv Line)	Forn	n filed by One	Filing (Check A Reporting Perse than One Rep	son
		Tab	le I -	Non-Deriv	ativ	e Se	curitie	s A	cquir	ed, [	Disposed o	of, or B	enefi	cially (	Owne	ed		
L. Title of S	ecurity (Ins	tr. 3)		2. Transaction Date (Month/Day/Y		Executif any	eemed ution Dat / th/Day/Ye	<i>'</i>	3. Transa Code ( 8)		4. Securities A Disposed Of (			I 5)	Secur Bene	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Trans	action(s) . 3 and 4)		
Class B C	ommon St	ock		09/08/200	08				D		346,470(1)	D	\$28.9	9893(2)	23,	,674,019	I	By NAIRI, Inc. <sup>(3)</sup>
Class B C	ommon St	ock													4	39,798	D	
Class B C	ommon St	ock														100	I	By Spouse
		Т	able								sposed of, , convertib				vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	ution Date, /		action (Instr.			Expiration (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst	ative derivative rity Securities 5.5) Beneficially Owned Following Reported	Securities Beneficially Owned Following Reported Transaction(	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	: cisabl	Expiration le Date	Title	Amour or Number of Shares	er				
		Reporting Person	*															
(Last) 1515 BR	OADWAY	(First)	(	(Middle)														
(Street)	)RK	NY		10036		-												

# (City) (State) (Zip) 1. Name and Address of Reporting Person\* **NAIRI INC** (Middle) (Last) (First) 846 UNIVERSITY AVENUE (Street) **NORWOOD** MA 02062-2631 (City) (State) (Zip) 1. Name and Address of Reporting Person\* NATIONAL AMUSEMENTS INC /MD/

(Last) 846 UNIVERSI	(First)  TY AVENUE	(Middle)
(Street) NORWOOD	MA	02062-2631
(City)	(State)	(Zip)

### **Explanation of Responses:**

- 1. Shares sold to Viacom Inc. (Viacom) pursuant to a previously disclosed agreement among NAIRI, Inc. (NAIRI), National Amusements, Inc. (NAI) and Viacom, pursuant to which NAIRI and NAI participate in Viacom's stock repurchase program on a pro-rata basis.
- 2. Calculated in accordance with the terms of the agreement referred to in footnote 1.
- 3. 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.

#### Remarks:

/s/ Michael D. Fricklas,

Attorney-in-Fact for Sumner 09/10/2008

M. Redstone

/s/ Jerome Magner, Vice 09/10/2008

President

/s/ Jerome Magner, Vice 09/10/2008

<u>President</u>

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.