## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

		CTATEMENT C

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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 Instruction 1(b).

1. Name and Address of Reporting Person\*

(First)

 $\mathbf{M}\mathbf{A}$ 

(State)

(Middle)

02026

(Zip)

**NAIRI INC** 

200 ELM STREET

(Last)

(Street)

DEDHAM

(City)

	ions may contil tion 1(b).	nue. See		Eile	d nure	uant	to Sactio	n 16/	a) of the	Saci	rities Evchano	na Act of	f 102/			hours	per response:	0.5
monuc				FIIE							ırities Exchang Company Act c		1334			ı.		
		Reporting Person*  JMNER M					Name a				g Symbol B]					olicable)	g Person(s) to I	
(Last) 1515 BR	(F OADWAY	irst) (	(Middle)			Date 0		st Trar	nsaction	(Mon	th/Day/Year)			X	Offic below	,	Other below n & CEO	(specify )
Street) NEW YO	ORK N	Y	10036		4. I	f Ame	endment	, Date	of Origi	inal Fi	led (Month/Da	y/Year)		6. Indiv Line)	Forn	n filed by One n filed by Mor	Filing (Check A Reporting Pers e than One Rep	son
(City)	(S	tate) (	(Zip)												1 013			
		Tab	le I - N	lon-Deriv	ative	Se	curitie	s Ac	cquire	d, D	isposed of	f, or B	enefi	cially	Owne	ed		
Date				2. Transacti Date (Month/Day		Exe if ar	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		nd 5) Sec Ber Ow		Amount of curities neficially rned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price			rted action(s) . 3 and 4)		(Instr. 4)
Class B common stock 06/07/200					005				D		784,271 <sup>(1)</sup>	D	\$34	834(2)	91,	,940,316	I	By NAIRI, Inc. <sup>(3)</sup>
Class B common stock															-	10,080	D	
Class B common stock																265	I	By 401(k)
Class B c	ommon sto	ck														200	I	By Spouse
		Ta	able II								posed of, o				wned			
Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date,	4. Transa Code 8)				6. Date Exer Expiration D (Month/Day/		Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares					
		Reporting Person*  JMNER M																
(Last) 1515 BR	OADWAY	(First)	(N	/liddle)														
Street) NEW Y	ORK	NY	10	0036														
(City)		(State)	(7	in)														

ı	ddress of Reporting Person* AL AMUSEMENTS INC /MD/						
(Last) 200 ELM STRE	(First) ET	(Middle)	(Middle)				
(Street) DEDHAM	MA	02026					
(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 purchase 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, but may also be deemed to be beneficially owned by (1) NAIRI's parent corporation, NAI, and (2) Sumner M. Redstone, who is the controlling stockholder of NAI.

### Remarks:

By: /s/ Michael D. Fricklas, 06/09/2005 Attorney-in-Fact

By: /s/ Richard J. Sherman, 06/09/2005

Vice President

By: /s/ Richard J. Sherman, 06/09/2005 Vice President

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.