## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CH	

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

Check this box if no longer subject to

ے obligati	i 16. Form 4 or ons may contii ion 1(b).			Fil							curities Exchan Company Act		f 1934			ll l	per response:	0.5
		Reporting Person*							Ticker or		ing Symbol					olicable)	g Person(s) to I	
(Last) 1515 BR	(Fi	irst) (	(Middle	e)		Date of ./08/20		t Tra	ansactio	n (Mo	nth/Day/Year)			X	belov	,	Other below of the Board	(specify )
Street) NEW YC			10036	5	4.	If Amen	ndment,	Dat	e of Oriç	ginal F	Filed (Month/Da	ay/Year)		6. Indiv Line)	Forn	n filed by One n filed by Mor	Filing (Check / Reporting Perse than One Rep	son
(0.5)				Non-Deri	vativ	e Sec	uritie	s A	cquir	ed, I	Disposed o	of, or B	Benefi	cially (	Owne	ed		
2. Transaction Date (Month/Day/Ye				if any	eemed tion Date, h/Day/Year)		3. Transaction Code (Instr 8)			acquired (A) or D) (Instr. 3, 4 and		15)	Secur Bene Owne	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		Repo Trans (Instr	rted saction(s) . 3 and 4)		(Instr. 4)
Class B C	ommon Sto	ock		01/08/20	800				D		548,411(1)	D	\$43.4	4333 <sup>(2)</sup>	26	,850,431	I	By NAIRI, Inc. <sup>(3)</sup>
Class B C	ommon Sto	ock													4	41,398	D	
Class B C	ommon Sto	ock														100	I	By Spouse
		Ta	able	II - Deriva (e.g., p	tive S	Secur calls,	ities warr	Acc ant	quired s, opt	l, Dis	sposed of, , convertib	or Ber	neficia curitie	ally Ov s)	vned			
Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date,	4. Trans	action (Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	mber rative rities ired rosed	r 6. Da Expi (Mor	ate Ex	ercisable and	7. Title Amoun Securit Underly Derivat	and it of ies ying	8. Pr Deriv Secu (Inst		9. Number or 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 Exer	cisabl	Expiration le Date	Title	Amour or Number of Shares	r				
		Reporting Person*  JMNER M																
(Last) 1515 BR	OADWAY	(First)	(	(Middle)														
Street) NEW YC	ORK	NY	:	10036														
(City)		(State)	(	(Zip)														
Name an		Reporting Person*				$\overline{}$												

(City) 1. Name and Address of Reporting Person\*

(Last)

(Street) **DEDHAM** 

200 ELM STREET

NATIONAL AMUSEMENTS INC /MD/

(First)

MA

(State)

(Middle)

02026

(Zip)

(Last) 200 ELM STRE	(First)	(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, 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 01/10/2008

M. Redstone

Richard J. Sherman, Vice 01/10/2008

<u>President</u>

Richard J. Sherman, Vice 01/10/2008

<u>President</u>

\*\* 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.