FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

OMB APPROVAL OMB Number: 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(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* CALIFANO JOSEPH A			2. Issuer Name and Ticker or Trading Symbol VIACOM INC [VIA, VIAB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
CALIFANO JOSEFII A													X	Direc	tor		10% O	wner	
(Last) 1515 BR	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2005						Officer (give title below)				Other (specify below)				
				-									C Individual or Joint/Croup Filips (Charle Applicable						
(Street)				— ^{4.}	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
													X	Form	filed by One	filed by One Reporting Person			
NEW YORK NY 10036													Form	filed by More	e than 0	an One Reporting			
				-									Person						
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
								-	П		-		_						
1. Title of Security (Instr. 3) 2. Trans Date				E	2A. Deemed Execution Date						and Secui			6. Own	Direct	7. Nature of Indirect			
			(Mor	th/Day/Y	ay/Year) if any (Month/Day/Ye			Code (Instr. 5)					Bene) or Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
				(,	, '			(4)			Report	ed -	(-) (
				Code V Amount (A) or (D)				Or Pri	ce	Transaction(s) (Instr. 3 and 4)									
	Table II. Derivative Securities Acquired Disposed of or Reneficially Owned																		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
4 Title of		0 T													0 November -			44 N-4	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year	Trans Code	4. Transaction Code (Instr. 8)		vative vities vired r osed) r. 3, 4	6. Date Exercisabl Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	Price of erivative ecurity astr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									1			Amour	nt						
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	or Number of Shares							
Phantom Class A Common Stock Units	\$0.00 ⁽¹⁾	04/01/2005		A		461		(1)		(1)	Class A common stock	461	\$	35.1	2,446		D		
Phantom Class B Common Stock Units	\$0.00 ⁽¹⁾	04/01/2005		A		464		(1)		(1)	Class B common stock	464	\$	34.87	2,467		D		

Explanation of Responses:

1. Reporting Person has elected to defer payment of Board retainer and fees pursuant to Viacom's deferred compensation arrangement for directors. Deferred amounts (including any cash dividends credited during the previous quarter) are deemed invested quarterly in the number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such amounts would have purchased when converted. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

Remarks:

04/04/2005 /s/ Califano, Jr., Joseph A.

** 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.