## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	_
is box if no longer subject to	S

(State)

(First)

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

(State)

1. Name and Address of Reporting Person\*

(Zip)

(Middle)

02026

(Zip)

(City)

(Last)

(Street)

DEDHAM

(City)

**NAIRI INC** 

200 ELM STREET

## 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(b).

Instruc	tion 1(b).			File							curities Exchang		f 1934	l		liouis	рег георопос.	0.5
Name ar	nd Address of	Reporting Person*									ng Symbol	1940		5. Rela	tionshi	p of Reportin	g Person(s) to I	ssuer
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(14)	<b>/</b> E:		(A 4: -1 -11 -		- 3	Date o	f Earlies	et Tra	nsactio	n (Mo	nth/Day/Year)			- $X$		er (give title		(specify
(Last) 1515 BR	OADWAY	rst)	(Middle	2)		3/07/2		50 110	uisaciioi	II (IVIO	min bayr rear)				belor	′	n & CEO	,
Street)					4.	If Ame	ndment	, Dat	e of Oriç	ginal F	Filed (Month/Da	y/Year)		6. Indiv	idual o	r Joint/Group	Filing (Check A	Applicable
NEW YO	ORK N	Y :	10036											X			Reporting Perse e than One Rep	
(City)	(Si	ate)	(Zip)											, A	Pers	on	-	
		Tab	le I -	Non-Deriv	/ativ	e Sec	curitie	es A	cquir	ed, [	Disposed of	f, or B	ene	ficially (	Owne	ed		
Date			2. Transaction Date (Month/Day/		Execu if any	a. Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acqui Disposed Of (D) (In				Secur Bene Owne	nount of Irities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Pri	ice		rted action(s) . 3 and 4)		(Instr. 4)
Class B c	ommon sto	ck		03/07/20	005				D		1,309,066(1)	D	\$3	36.352 <sup>(2)</sup>	94	,709,713	I	By NAIRI, Inc. <sup>(3)</sup>
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Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executif any	eemed ution Date, , th/Day/Year)		action (Instr.		rative rities rired r osed ) r. 3, 4	Expi (Mon	ration	ercisable and Date y/Year)	7. Title Amoun Securit Underly Derivat Securit and 4)	t of ies ying ive	Deriv Secu (Inst		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 Exer	cisabl	Expiration e Date	Title	Amo or Num of Shar	ber				
		Reporting Person*																
REDST	ONE SU	MNER M																
(Last) 1515 BR	OADWAY	(First)	(	Middle)														
Street) NEW Y	ORK	NY	1	10036														

	Name and Address of Reporting Person*  NATIONAL AMUSEMENTS INC /MD/						
(Last) 200 ELM STRE	(Middle)						
(Street) DEDHAM	MA	02026					
(City)	(State)	(Zip)					

## Explanation of Responses:

- 1. Shares sold to Viacom pursuant to a previously disclosed agreement among NAIRI, Inc. (NAIRI), National Amusements Inc. (NAI) and Viacom Inc. 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

By: /s/ Michael D. Fricklas, Attorney-in-Fact 03/09/2005

By: /s/ Richard J. Sherman, 03/09/2005

ce President

By: /s/ Richard J. Sherman, Vice President 03/09/2005

\*\* 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.