## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

heck this box if no longer subject to
ection 16. Form 4 or Form 5
oligations may continue. See

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

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		Reporting Person*  JMNER M							er or Tra		Symbol						licable)	ting P	erson(s) to Is	
(Last) (Madic)				3. Date of Earliest Transaction (Month/Day/Year) 03/24/2015										X	Officer (give title below)  Chairman			below)	(specify	
Street) NEW YC			10036		4. If An	nendm	ent,	Date of	origina	l Filed	(Month/I	Day/Yo	ear)		i. Indiv. ine)	Form	i filed by O	ne Re	ing (Check A eporting Pers nan One Rep	on
(City)	(S		(Zip)	a Deriv	ntivo S	ecuri	itio	νε Λοα	uired	Die	nosed	of o	r Ben	ofici	ally	Owne	.d			
Title of Security (Instr. 3)			ie i - No	2. Transa Date (Month/D	ction	2A. De Execu	eem		3. Transa Code 8)	action				l (A) oı	) or 5. A 4 and Sec Ber Ow		mount of urities eficially ned Following		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amoun	t	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)					
Class A C	ommon St	ock		03/24/	2015				С		189,2	200	D	(	1)	25,7	712,771		I	By NAI <sup>(2)</sup>
Class A C	ommon St	ock														14,3	329,561		I	By NAI EH <sup>(3)</sup>
Class A C	ommon St	ock															40		D	
Class B C	ommon St	ock		03/24/	/2015				С		189,2	200	A	(	1)	18	39,200		I	By NAI <sup>(2)</sup>
Class B C	ommon St	ock		03/24/	2015				G	v	189,2	200	D	(	4)		0		I	By NAI <sup>(2)</sup>
		Ta	able II - I	Derivati e.g., pu												wned				
Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	Date, Transaction Code (Ins		on of E		Expiration	. Date Exercis Expiration Date Month/Day/Ye:		An Se Un De Se	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)				9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V	(A	A)		Date Exercisa		Expiratior Date	ı Tit	or Nur of	mber ares						
		Reporting Person*  JMNER M																		
(Last) 1515 BR	OADWAY	(First)	(Mide	dle)																
Street) NEW YC	ORK	NY	100	36																

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

(City)	(State)	(Zip)	
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#### **Explanation of Responses:**

- 1. Shares of Class A Common Stock were converted to shares of Class B Common Stock on a one-to-one basis for no consideration pursuant to the terms of the Class A Common Stock under the Issuer's Amended and Restated Certificate of Incorporation.
- 2. These securities are owned directly by National Amusements, Inc. ("NAI"), and may also be deemed to be beneficially owned by Sumner M. Redstone, who is the controlling stockholder of NAI.
- 3. These securities are owned directly by NAI Entertainment Holdings LLC ("NAI EH"), a wholly-owned subsidiary of NAI, and may also be deemed to be beneficially owned by NAI and Sumner M. Redstone, who is the controlling stockholder of NAI.
- 4. Bona fide gifts by NAI to charitable foundations for no consideration.

### Remarks:

/s/ Michael D. Fricklas,

Attorney-in-Fact for Sumner 03/26/2015

M. Redstone

/s/ Tad Jankowski, Vice

President

03/26/2015

\*\* Signature of Reporting Person

Doto

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.