Edgar Filing: Viacom Inc. - Form 4

Viacom Inc.											
Form 4											
April 03, 201	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL	
Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box if no longer							Expires:	January 31, 2005			
subject to	STATEN	STATEMENT OF CHANGES IN BENEFICIAL OW						NERSHIP OF	RSHIP OF Estimated average		
Section 10		SECURITIES							burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								0.5	
obligation	Section 17							of 1935 or Sectio	'n		
may conti	nue.		of the Inv	•	•				11		
See Instru 1(b).	cuon	00(11)		•••••••••	compun.	,					
~ /											
(Print or Type R	esponses)										
1 Name and A	ddress of Reporting	Derson *	2.1	NT 1/	T P' 1 F	n 1'		5 Palationship of	f Deporting Der	son(s) to	
Falcone Sorr				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symbol				n Inc. [VIA, VIAB]							
								(Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/Da				f Earliest Transaction				XDirector10% Owner			
			04/01/20	-				Officer (give title Other (specify			
								below)	below)		
				ndment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORK	K, NY 10036								More than One Ro		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execution	on Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/	'Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned		Beneficial Ownership	
		(wiohth/	Day/Teal)	(IIIsu. 8)	(111501. 5,	4 anu	3)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 and +)			
Class B	04/01/2015			٨	11(1)	٨	(1)	2 195	D		
Common Stock	04/01/2015			А	11 <u>(1)</u>	А	<u>(1)</u>	2,185	D		
SIUCK											

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units	(2)	04/01/2015		А	476	(2)	(2)	Class B Common Stock	476	<u>(2)</u>

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips		
	Director	10% Owner	Officer	Other	
Falcone Sorrell Cristiana 1515 BROADWAY NEW YORK, NY 10036	X				
Signatures					
/s/ Michael D. Fricklas, Attorne Sorrell	04/03/2015				

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) These shares reflect the regular quarterly crediting of vested shares with a fair market value equal to the amount of cash dividends in such quarter attributable to vested Restricted Share Units.

Date

(2) These shares reflect the regular quarterly crediting of vested Restricted Share Units with a fair market value equal to the amount of deferred director retainer and meeting fees and related interest in such quarter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.