FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| vvaoriingtori, | D.O. 20040 | • | |
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| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average bu | urden | | | | | | | | | |

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). | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Bakish Robert M | | | | | 2. Issuer Name and Ticker or Trading Symbol Viacom Inc. [VIA, VIAB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|------------|---|---|--|--|--------------|--|----------------|---|--|---|---|--|------------------------------|--|--|
| | | | | | TACOM MC. [, m., , m.D] | | | | | | | | Director | Director | | 10% Ow | ner |
| (Last) (First) (Middle) | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| 1515 BROADWAY | | | | | 01/09/2017 | | | | | | | | President and CEO | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| NEW YO | ORK N | Y | 10036 | | | | | | | | | | Form filed by One Reporting Person | | | | |
| (City) | (9 | tate) | (Zip) | | | | | | | | | Form fil Person | led by More | than | One Report | ing | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Non-E | erivati | ve Se | curities | s Ac | quired, D | ispos | ed o | f, or Be | neficially | Owned | | | | |
| Date | | | | Transaction te onth/Day/ | Execution Date, | | Code (Instr. | | | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | / Am | ount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | eported ansaction(s) istr. 3 and 4) | | | (Instr. 4) |
| | | | Table II - De | rivative | e Sec | urities | Aca | uired. Dis | spose | d of. | or Ben | eficially (| Owned | | | | |
| | | | | | | | | s, options | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | and | 7. Title and of Securiti Underlying Derivative (Instr. 3 and | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | ve es ially ng d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | (Instr. 4) | (5) | | |
| Employee Stock Option (Right to | \$38.34 | 01/09/2017 | | A | | 337,500 | | (2) | 01/09/ | 2025 | Class B Common Stock | 337,500 | (1) | 337,500 |) | D | |

Explanation of Responses:

- $1.\ Granted\ under\ the\ Viacom\ Inc.\ 2016\ Long-Term\ Management\ Incentive\ Plan\ for\ no\ consideration.$
- 2. These Stock Options will vest in four equal annual installments beginning on January 9, 2018.

Remarks:

/s/ Michael D. Fricklas, Attorney-in-Fact for Robert M. 01/11/2017

** 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.