FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| | OMB APPROVAL | | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| - 1 | hours per response. | Λ. | | | | | | | | | |

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* | | | | | 2. Issuer Name and Ticker or Trading Symbol Viacom Inc. [VIA, VIAB] | | | | | | | | | ck all appli | tionship of Reporting all applicable) Director | | Person(s) to Issuer 10% Owner | | |
|---|---|------------|--|--------|--|---|---------|----------|---|--------|---|--|-------------------------------|---|--|---|--------------------------------------|--|--|
| (Last) 1515 BR | (F OADWAY | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2017 | | | | | | | | | | Officer (give title below) | | Other (below) | specify |
| (Street) NEW YO | ORK N | Y | 10036 | | 4. If | | | | | | | 6. In Line |) C Form | filed by One | g (Check Ap orting Person n One Repo | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | . 0.00 | | | | |
| | | Tab | le I - Nor | -Deriv | ative | e Se | curitie | s Ac | quired, [| Disp | osed o | of, or Be | enefi | ciall | y Owned | t | | | |
| Date | | | 2. Transa Date (Month/I | | Execution | | | Code (Ir | Transaction Disposed (Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | 5. Amou Securiti Benefici Owned I Reporte | ies Fo ially (D) Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | Code V | | nt (A) or (D) | | rice | Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| | | Т | able II - I | | | | | | uired, Di , options | | | | | | Owned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Dat if any (Month/Day/Yo | Date, | Code (Ins | | | | 6. Date Exercisi Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amo or Num of Sha | ber | | | | | |
| Restricted Share Units ⁽¹⁾ | (2) | 01/31/2017 | | | A | | 4,152 | | (2) | | (2) | Class B Common Stock | 4,1 | 52 | (1) | 4,152 | | D | |

Explanation of Responses:

- 1. Granted under the Viacom Inc. 2011 RSU Plan for Outside Directors, as amended and restated as of January 1, 2016, and as further amended and restated as of October 31, 2016, for no consideration.
- 2. These Restricted Share Units will vest on January 31, 2018 and a corresponding number of Class B shares will be delivered on that date, unless the director has elected to defer receipt.

Remarks:

/s/ Michael D. Fricklas, Attorney-in-Fact for Thomas J. 02/02/2017 **May**

** 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.