## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFI	<b>CIAL OWN</b>	<b>ERSHIP</b>

	OMB APPRO	DVAL						
l	OMB Number: 3235-028							
l	Estimated average burden							
l	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).

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*  LESCHLY JAN				2. Issuer Name <b>and</b> Ticker or Trading Symbol VIACOM INC [ VIA, VIAB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
LESCHET JAIN														X	Direc	tor	10%	Owner	
(Last) 1515 BR	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/01/2004							Office below	er (give title v)	Other below	(specify )				
				ŀ										C. Individual or Jaint/Croup Filing (Charles Annih La					
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YORK NY 10036													X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Perso	on			
		Tab	le I - Non-D	erivat	ive	Sec	uritie	es Ac	cquired, [	Disp	osed	of, or B	enefic	ially	Owne	d			
1. Title of Security (Instr. 3) 2. Trans			Transact te			te, Transaction Code (Instr. 5)		ecurities Acquired (A) osed Of (D) (Instr. 3, 4		or 5. Am 4 and Secur Benet Owne		unt of ies cially Following	Form: Direct	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	t (A) or (D) P		ce	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deemed Execution Date if any (Month/Day/Yes	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		Amount of		of s ng e	8. Price Derivati Security (Instr. 5)		9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	de \	v	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	er					
Phantom Class B Common Stock Units	\$0.00 <sup>(1)</sup>	01/01/2004		F	A		280		(1)		(1)	Class B common stock	280	4	44.38	3,183	D		
Phantom Class A Common Stock Units	\$0.00 <sup>(1)</sup>	01/01/2004		A	A		281		(1)		(1)	Class A common stock	281	\$	44.27	3,172	D		

## **Explanation of Responses:**

1. Reporting Person has elected to defer payment of Board retainer and fees pursuant to the Viacom Inc. Deferred Compensation Plan for Non-Employee Directors. Deferred amounts (including any cash dividends credited during the previous quarter) are deemed invested quarterly in the number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such amounts would have purchased when converted. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

## Remarks:

01/05/2004 /s/ Leschly, Jan

\*\* 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.