FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	DС	20549	
vasiliigton,	D.C.	20049	

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

0.5

hours per response:

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* <u>GRIEGO LINDA M</u>					2. Issuer Name and Ticker or Trading Symbol Paramount Global [ PARAA,PARA ]									tionship all app Direc	,	ng Pers	son(s) to Is			
(Last)	(Fi	rst) (M	Middle	)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024									Office below	er (give title v)		Other (s below)	specify	
1515 BROADWAY					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person						
NEW YO	ORK N	Y 1	0036			Form filed by More than One Reporting Person												orting		
(City)	(St	ate) (Z	Zip)		Ru	Rule 10b5-1(c) Transaction Indication							on							
						Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir										uction or writt	en plan	that is inter	nded to	
		Table	I - N	on-Deriva	tive S	Secui	rities	Ac	quire	d, Dis	sposed of	, or E	Benefici	ally	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Execut Year) if any		emed ion Date, /Day/Year)					s Acquired (A) or f (D) (Instr. 3, 4 a		and 5) Sec Ben Owi		ecurities eneficially wned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Report Transa (Instr.	ction(s) 3 and 4)			(Instr. 4)	
Class B c	ommon sto	ck		02/15/20	24	A 168 <sup>(1)</sup> A \$0.0000 <sup>(1)</sup> 52,785						2,785		D						
	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	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, / th/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date		Oate Amo Secu Undo Deriv Secu		Amount of Securities		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

1. Represents shares of the Issuer's Class B common stock to which the Reporting Person became entitled with respect to dividend equivalents accrued on previously vested Restricted Share Units and that were reinvested in Class B common stock on February 15, 2024, but which have not been received because the director elected to defer receipt. On February 15, 2024, the date of reinvestment, the closing price of the Class B common stock on The NASDAQ Global Select Market was \$12.59 per share.

> /s/ Christa A. D'Alimonte, Attorney-in-Fact for Linda M. 02/20/2024 <u>Griego</u>

\*\* 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.