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Kraft Rober Form 4										
April 05, 20	ЛЛ								PPROVAL	
-	UNITED	STATES					E COMMISSIO	N OMB Number:	3235-0287	
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIESForm 4 or Form 5 obligations 								Estimated burden hou response	urs per	
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Kraft Robert K			2. Issuer Name and Ticker or Trading Symbol Viacom Inc. [VIA, VIAB]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	Middle)	3. Date of Earliest Transaction (Month/Day/Year)				(Check all applicable) 10% Owner				
1515 BRO		04/01/2010				Officer (give title Other (specify below)				
NEW YOF		4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Tah	ole I - Non-J	Derivativ	e Securities /	Acquired, Disposed	of. or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	d Date, if	3. Transactic Code (Instr. 8) Code V	4. Secur onAcquire Dispose (Instr. 3	ities d (A) or d of (D) , 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Re	port on a separate line	e for each cla	iss of sec	urities bene	Pers infor requ	ons who re mation con ired to resp lays a curre	or indirectly. spond to the colle tained in this form ond unless the fo ently valid OMB co	n are not rm	GEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof	Expiration Date	Underlying Securities	Derivati
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr. 5

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	Derivative Security			Acqu (A) o Dispc of (D (Instr and 5	or oosed D) r. 3, 4,					
			Code Y	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Class A Phantom Common Stock Units	<u>(1)</u>	04/01/2010	A	203		<u>(1)</u>	<u>(1)</u>	Class A Common Stock	203	\$ 36.9
Class B Phantom Common Stock Units	<u>(1)</u>	04/01/2010	А	216		<u>(1)</u>	<u>(1)</u>	Class B Common Stock	216	\$ 34.6

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
Kraft Robert K 1515 BROADWAY NEW YORK, NY 10036	Х			
Signatures				
/s/ Michael D. Fricklas, Attorn Kraft	04/05/2010			

**Signature of Reporting Person

Date

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).

The Reporting Person has elected to defer payment of director retainer and meeting fees and related interest thereon pursuant to the Viacom Inc. Deferred Compensation Plan for Outside Directors. Deferred amounts are deemed invested quarterly in a number of

(1) Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such deferred amounts, if invested as equally as possible in the Class A and Class B Common Stock, would have purchased on the day the amounts are deemed invested. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

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.