FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* <u>Anschell Jonathan</u>						2. Issuer Name and Ticker or Trading Symbol ViacomCBS Inc. [VIACA,VIAC]								heck all a Dir	10% Owner		ner		
(Last) (First) (Middle) 1515 BROADWAY						3. Date of Earliest Transaction (Month/Day/Year) 12/04/2019								X Officer (give title below) Ott bel EVP, Deputy GC and Second					
(Street) NEW YORK NY 10036					4.	I. If Amendment, Date o			of Original Filed (Month/I			y/Year)	ne) <mark>X</mark> Fo Fo	ividual or Joint/Group Filin Form filed by One Rep Form filed by More that Person			eporting Person		
(City)	(St		(Zip)			Pelson													
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					ction	on 2A. Deemed			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amo Securi Benefi Owned Report		lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
						\perp			Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				
Class B common stock 12/03/20					/2019	19		G	V	2,500	D	\$0.000	000 ⁽¹⁾ 159 ⁽²⁾)(2)	D			
Class B common stock														802				By 101(k)	
Class B common stock															2,400			I I	By Family Frust 1
Class B common stock													2,400		00		I I	By Family Trust 2	
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)	3A. Deer Execution if any (Month/I		4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title a Amount Securitie Underlyi Derivativ Security and 4)	of es ing /e	8. Price Derivat Securit (Instr. !	ive y 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares						
Restricted Share Units ⁽³⁾	(4)	12/04/2019			A ⁽⁵⁾		10,801		02/21/2	.020 ⁽⁴⁾	(4)	Class B common stock	10,80	1 \$0.000) ⁽³⁾	21,602		D	

Explanation of Responses:

- 1. Bona fide gift by the Reporting Person to a 501(c)(3) charitable organization for no consideration.
- 2. Includes shares acquired periodically pursuant to a dividend reinvestment program meeting the requirements of Rule 16a-11.
- 3. Granted under the Issuer's long term incentive plan.
- 4. These Restricted Share Units vest in four equal annual installments beginning on February 21, 2020 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.
- 5. On December 4, 2019, the performance target associated with these Restricted Share Units was deemed satisfied.

12/04/2019 /s/ Jonathan Anschell

** 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.