FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
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

Name and Address of Reporting Person* VIACOM INC					2. Issuer Name and Ticker or Trading Symbol BLOCKBUSTER INC [BBI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) 1515 BR	(Fii	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/23/2003							Offic belo	er (give title w)	Other below	(specify		
Street) NEW YORK NY 10036			- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting									son					
(City)	(St	ate) (Zip)												Pers	son		
		Tabl	le I - No	n-Deriv	/ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, or I	Bene	ficial	ly Own	ed		
. Title of S	Security (Inst	r. 3)		2. Transa Date (Month/I		Exr) if a	. Deemo ecution any onth/Da	Date,	3. Transa Code (8)		4. Securition Disposed (5)				Securi Benefi Owned Repor	cially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or F	Price		action(s) 3 and 4)		. ,
Class A C	lommon Sto	ock		10/23	/2003				P		100	1	A	\$19.1	1,6	592,500	D	
Class A C	ommon Sto	ock		10/23	/2003				P		1,900	1	Α .	\$19.1	1 1,6	594,400	D	
Class A C	ommon Sto	ock		10/23	/2003				P		5,000	1	A :	\$19.1	2 1,6	599,400	D	
Class A C	ommon Sto	ock		10/23	/2003				P		2,600	1	A :	\$19.1	4 1,7	702,000	D	
Class A C	ommon Sto	ock		10/23	/2003				P		2,000	1	A	\$19.1	5 1,7	704,000	D	
Class A C	ommon Sto	ock		10/23	/2003				P		300	1	A	\$19.1	9 1,7	704,300	D	
Class A C	ommon Sto	ock		10/23	/2003				P		10,200	1	A	\$19.2	! 1,7	714,500	D	
Class A C	ommon Sto	ock		10/23	/2003				P		3,000	1	A	\$19.2	1 1,7	717,500	D	
Class A C	ommon Sto	ock		10/23	/2003				P		300	1	A	\$19.2	2 1,7	717,800	D	
Class A C	ommon Sto	ock		10/23	3/2003	\perp			P		200		A	\$19.2	3 1,7	18,000	D	
Class A C	ommon Sto	ock		10/23	/2003				P		1,700	1	A	\$19.2	4 1,7	719,700	D	
Class A C	ommon Sto	ock		10/23	/2003				P		10,300	1	A :	\$19.2	5 1,7	730,000	D	
Class A C	ommon Sto	ock		10/23	/2003				P		3,889	1	A	\$19.2	6 1,7	733,889	D	
Class A C	ommon Sto	ock		10/23	/2003				P		200		A	\$19.3	5 1,7	734,089	D	
Class A C	ommon Sto	ock		10/23	/2003				P		1,000	1	A	\$19.3	6 1,7	735,089	D	
Class A C	ommon Sto	ock		10/23	3/2003	\perp			P		2,100		A	\$19.3	8 1,7	737,189	D	
Class A C	ommon Sto	ock		10/23	3/2003	\perp			P		500		A	\$19.4	1,7	737,689	D	
Class A C	ommon Sto	ock		10/23	/2003	\perp			P		900	1	A I	\$19.4	1 1,7	738,589	D	
	ommon Sto			10/23	/2003				P		1,100	1	A	\$19.4	2 1,7	739,689	D	
Class A C	ommon Sto	ock		10/23	/2003				P		600	1	A :	\$19.4	3 1,7	740,289	D ⁽¹⁾	
Class A C	ommon Sto	ock													1,6	521,100	I	Indirect ⁽²⁾
		Ta									osed of, onvertib				Owned			
Title of Operivative Conversion Date Conversion Concernity Or Exercise (Month/Day/Year) 3A. Deemed Execution Date, if any		4. Transa	5. Number of		6. Date E	. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		s. Price of Derivative Gecurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber				

VIACOM INC								
(Last) 1515 BROADWAY	(First)	(Middle)						
(Street)								
NEW YORK	NY	10036						
(City)	(State)	(Zip)						
1. Name and Address o	f Reporting Person [*]							
(Last) 200 ELM STREET	(First)	(Middle)						
(Street) DEDHAM	MA	02026						
(City)	(State)	(Zip)						
	1. Name and Address of Reporting Person* NATIONAL AMUSEMENTS INC /MD/							
(Last) 200 ELM STREET	(First)	(Middle)						
(Street) DEDHAM	MA	02026						
(City)	(State)	(Zip)						
1. Name and Address o	· -							
(Last) C/O VIACOM INC	(First)	(Middle)						
1515 BROADWAY								
(Street) NEW YORK	NY	10036						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* VIACOM INTERNATIONAL INC /DE/								
(Last) 1515 BROADWAY	(First)	(Middle)						
(Street) NEW YORK	NY	10036						
(City)	(State)	(Zip)						

Explanation of Responses:

Remarks:

By: Michael D. Fricklas, Executive Vice President	10/27/2003
By: Sumner M. Redstone, Chairman & President	10/27/2003
By: Sumner M. Redstone, Chairman & CEO	10/27/2003
By: Sumner M. Redstone	10/27/2003
By: Michael D. Fricklas, Executive Vice President	10/27/2003

^{1.} These securities are owned directly by Viacom Inc. (Viacom), but may also be deemed to be beneficially owned by (1) NAIRI, Inc. (NAIRI), which owns approximately 69% of Viacom's voting stock, (2) NAIRI's parent corporation, National Amusements, Inc. (NAI) and (3) Sumner M. Redstone, who is the controlling stockholder of NAI.

^{2.} These securities are owned directly by Viacom International Inc., a wholly-owned subsidiary of Viacom, but may also be deemed to be beneficially owned by (1) NAIRI, (2) NAI and (3) Sumner M. Redstone.

** 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.