SEC Form 4
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

N RENEFICIAL OWNERSHIP	OMB Numb

OMB APPROVAL oer: 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	STATEMI
obligations may continue. See Instruction 1(b).	Fi

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

iled pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person*			2. Is	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Schuman Susan</u>			Par	Paramount Global [ PARAA, PARA ]								X		,		10% O	wner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/08/2023									Office below	r (give title )		Other ( below)	specify
1515 BROADWAY			4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													Х	Form	filed by One	e Rep	orting Pers	on
NEW YO	ORK N	Y	10036											Form Perso	filed by Moi n	re tha	n One Rep	orting
(City)	(S	tate) (	(Zip)	Ru	Rule 10b5-1(c) Transaction Indication													
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ded to									
		Table	e I - Non-Dei	rivative	Sec	uritie	s Ac	quired, C	Disp	osed (	of, or B	enefi	ciall	y Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				nsaction th/Day/Year	ay/Year)   Ex		2A. Deemed Execution Date, f any Month/Day/Year		, Transaction D Code (Instr. 5)		I. Securities Acquired (/ Disposed Of (D) (Instr. 3 i)			Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or Price		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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (	4. Transaction Code (Instr. 8)		nber itive ities red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		5 (	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	ber					
Restricted Share Units <sup>(1)</sup>	(2)	05/08/2023		A		9,260		(2)		(2)	Class B common stock	9,26	50 4	\$0.0000 <sup>(1)</sup>	9,260		D	

Explanation of Responses:

1. Granted under the Issuer's equity plan for outside directors for no consideration.

2. These RSUs will vest on the earlier of (i) the date of the Issuer's 2024 Annual Meeting of Stockholders and (ii) May 8, 2024, and a corresponding number of Class B shares will be delivered on the vesting date, unless the director has elected to defer receipt.



05/10/2023

\*\* 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.