FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burde	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

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1. Name and Address of Reporting Person* Schwartz Gil D									cker or Tra		Symbol		eck all appli Direct	cable) or	10% Owi		wner		
(Last) (First) (Middle) 51 WEST 52ND STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/18/2018									helow)	Officer (give title below)  Sr.EVP, Chief Commun. Office			·	
(Street) NEW YORK NY 10019					4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	itate)	(Zip)											Person					
		Tab	le I - No	n-Deriv	/ative	e Se	curit	ies Ad	quired,	Dis	posed o	f, or Be	neficia	ly Owne	d				
				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		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) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
CBS Clas	s B comm	on stock		02/18/2018		В			M		5,720	A	\$0 <sup>(1</sup>	54	54,072		D		
CBS Clas		02/18	02/18/2018				F		3,055	D	\$55.3	51	51,017		D				
CBS Clas	02/19	02/19/2018				M		3,496	A	\$0 <sup>(1</sup>	54	54,513		D					
CBS Clas	02/19	02/19/2018				F		1,867	D	\$55.3	39 52	52,646		D					
CBS Clas											4,	4,757			By 401(k)				
		7	Гable II -								osed of,		-	/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme	ed Date,	4. Transactio Code (Insti 8)		5. Number of		6. Date Expiration	6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e 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 Exercisal	ole	Expiration Date	Title	Amount or Number of Shares						
Restricted Share Units <sup>(2)</sup>	(3)	02/18/2018			М			5,720	02/18/201	8 <sup>(3)</sup>	(3)	CBS Class B common stock	5,720	\$0.0000	11,436	6	D		
Restricted Share	(4)	02/19/2018			М			3.496	02/19/201	6(4)	(4)	CBS Class B	3 496	\$0.0000	3,500		D		

## **Explanation of Responses:**

Units(2)

- $1. \ On \ February \ 16, 2018, the \ last \ preceding \ business \ day, the \ closing \ price \ of \ the \ CBS \ Class \ B \ common \ stock \ on \ the \ NYSE \ was \ \$55.39.$
- 2. Granted under the Issuer's long term incentive plan.
- 3. These Restricted Share Units vest in four equal annual installments beginning on or around February 18, 2017 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.
- 4. These Restricted Share Units vest in four equal annual installments beginning on February 19, 2016 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.

/s/ Kimberly D. Pittman, Attorney-in-fact

common

stock

\*\* 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.