FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| Occident 10.1 onn 4 of 1 onn 5 | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* GORDON BRUCE S | | | | | | 2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A] | | | | | | | | | | p of Reportin plicable) ctor | , | to Issuer % Owner | |
|--|---|--|---------------------------------|---|-------|--|--------|--|----------------|-------------------------------|-----------------------|---|--|-------------------------------|--|---|---|---|--|
| (Last) 51 WEST | (Fi | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2018 | | | | | | | | | Offic belov | er (give title w) | | her (specify low) | |
| (Street) NEW YO (City) | | | 10019 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | ially | Owne | ed | | | |
| Date | | | 2. Transac Date (Month/Da | ay/Year) E | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | 4. Securities Disposed O | | | and 5) Secu Bene | | icially d Following | 6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4) | t of Indirect | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (111341.4) | |
| CBS Clas | CBS Class B common stock 01/31/2 | | | | |)18 | | A | | 429(1) | A | \$0.0 | 000(2) | 58 | 3,711 ⁽³⁾ | D | | | |
| CBS Clas | s B commo | on stock | | 02/01/2 | 2018 | | | | A | | 76(1) | A | \$0.0 | .0000 ⁽⁴⁾ 58,787 D | | | | | |
| | | Та | able II | | | | | | | | osed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Executi if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e Exerc tion Da n/Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Seci (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Represents shares of the Issuer's Class B common stock to which the Reporting Person became entitled with respect to dividend equivalents accrued on previously vested restricted share units for which settlement has been deferred.
- 2. On January 31, 2018, the closing price of the CBS Class B common stock on the NYSE was \$57.61.
- 3. Includes shares acquired periodically pursuant to a dividend reinvestment program meeting the requirements of Rule 16a-11.
- 4. On February 1, 2018, the closing price of the CBS Class B common stock on the NYSE was \$58.93.

/s/ Matthew D. Morgeson, 02/02/2018 Attorney-in-fact

** 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.