FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	IVAL					
	OMB Number:	3235-0287					
	Estimated average burden						
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

1. Name and Address of Reporting Person* <u>Anschell Jonathan</u>					2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]								ck all appli Directo	cable)		Owner
(Last) (First) (Middle) 51 WEST 52ND STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/18/2018								7	below)			v)`
		10019		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		(Zip)	a-Deriv	ntivo S	ocurities.	Λοα	uired	Die	nosed o	f or F	Rono	ficiall	v Owner	<u> </u>		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction I		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)			A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A)) or 1	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)
CBS Class B comr	non stock		02/18/	2018			М		3,217		A	\$0 ⁽¹⁾	10,	173 ⁽²⁾	D	
CBS Class B comr	non stock		02/18/	2018			F		1,113]	D	\$55.39	39 9,060		D	
CBS Class B comr	non stock		02/19/	2018			М		2,558		A	\$0 ⁽¹⁾	11	,618	D	
CBS Class B comr	non stock		02/19/	2018			F		1,115]	D .	\$55.39	.39 10,503 D			
CBS Class B comr	non stock												781		I	By 401(k)
CBS Class B comr	non stock												2,400		I	By Family Trust 1
CBS Class B common stock												2,	400	I	By Family Trust 2	
	7				curities A Ils, warra								Owned			
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	ransactio Code (Inst		e (f s l	. Date Ex xpiration Month/Da	Date		7. Title Amou Securi Under Deriva Securi and 4)	int of rities rlying ative rity (Insi	tr. 3	8. Price of Derivative Security (Instr. 5) 3 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)		Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial) Ownership ct (Instr. 4)

Explanation of Responses:

(4)

(5)

Restricted

Restricted

Share Units⁽³⁾

Share Units⁽³⁾

 $1. \ On \ February \ 16, 2018, the \ last \ preceding \ business \ day, the \ closing \ price \ of \ the \ CBS \ Class \ B \ common \ stock \ on \ the \ NYSE \ was \ \$55.39.$

Code

- 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 or around February 18, 2017 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.

Date

Exercisable

02/18/2018(4)

02/19/2016⁽⁵⁾

(A) (D) Expiration

(4)

(5)

Title

CBS

Class B

commo stock CBS

Class B

common stock

5. 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/ Jonathan Anschell

02/21/2018

6,433

2,561

D

D

Date

** Signature of Reporting Person

or Number

Shares

3,217

2,558

\$0.0000

\$0.0000

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).

02/18/2018

02/19/2018

** 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.