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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	nd Address o Lawrenc		2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]									k all applic Directo	cable) or	g Pers	10% Ov	vner				
(Last) (First) (Middle) 51 WEST 52ND STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/18/2018									X Officer (give title Other (specify below) EVP, Controller and CAO					
(Street) NEW YO		4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting									
(City)												Person								
		Tab	le I - No	n-Deriv	ative	Sec	urit	ies Ad	quire	l, Dis	sposed o	f, or Be	enefic	ially	Owned	i				
Da					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					4 and Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Pric	e	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
CBS Clas	s B comm	02/18	3/2018				М		2,146	A	\$	0(1)	23,6	531 ⁽²⁾	D					
CBS Clas	02/18	3/2018				F		730	D	\$5	5.39	22,901			D					
CBS Clas	02/19)/2018				М	T	1,558	A A	\$	0(1)	24	24,459		D					
CBS Class B common stock 02/19/							2018		F		529	D	\$5	5.39	23,930			D		
CBS Class B common stock															1	51			By 401(k)	
		7									osed of, converti				Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Tran		ction Instr.	5. Number 6		Expirati	6. Date Exercisal Expiration Date (Month/Day/Year)		7. Title a Amount Securitie Underlyi Derivativ Security and 4)	of es ng /e	S (1	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amou or Numb of Share	er						
Restricted Share Units ⁽³⁾	(4)	02/18/2018			M			2,146	02/18/20	18 ⁽⁴⁾	(4)	CBS Class B common	2,14	6	\$0.0000	4,288	3	D		

Explanation of Responses:

(5)

Restricted

Units(3)

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

02/19/2016⁽⁵⁾

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.

1,558

02/21/2018 /s/ Lawrence Liding

** Signature of Reporting Person

1,558

\$0.0000

stock CBS

Class B

commo

stock

(5)

Date

1,553

D

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).

02/19/2018

** 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.