FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average b	ourden								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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*						2. Issuer Name and Ticker or Trading Symbol CBS CORP [ CBS, CBS.A ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Straka Angeline C															Direc	tor		10% Ov	wner	
(Look) (First) (Adddo)						Date of Earliest Transaction (Month/Day/Year)								X		Officer (give title below)		Other (specify below)		
(Last) (First) (Middle)						09/06/2006									SVP	Deputy G	C and	Secreta	ry	
51 WEST 52ND STREET																			·	
-		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Street)							., 3 (								Line)					
NEW YO	ORK N	Y	10019												X Form filed by One Reporting Person					
(City)	(S	tate)	(Zip)													Form filed by More than One Reporting Person				
(0.0)			(=.p)																	
		Tab	le I - Non-	Deriva	ative	Sec	curiti	es A	cquired,	Dis	posed	of, or B	enefic	cially	Owne	d				
1. Title of S	Security (Ins	tr. 3)		2. Transa	ction		2A. Deei		3.			rities Acqu			5. Amo		6. Own		7. Nature	
Date						ay/Year) Execution Date, if any (Month/Day/Yea			Code (Instr. 5)			ed Of (D) (I	nstr. 3, 4	and	Securit Benefic			m: Direct or Indirect	of Indirect Beneficial	
(Monumber															Owned Following (I			(Instr. 4)	Ownership	
									Code	v	V Amount (A) or			ice	Reported Transaction(s)				(Instr. 4)	
									Couc		Aillouil	(D) P			(Instr. 3	and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			(е	.g., pu	ıts, c	alls	, war	rants	s, option	s, c	onverti	ble sec	urities	s)						
1. Title of	2.	3. Transaction	3A. Deemed	Date, Tra			n of		6. Date Exercisab		ble and	7. Title and			rice of	9. Number o			11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da		Transa Code (I				Expiration (Month/Day		ď	Amount of Securities			ivative curity	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Monthibay/rear)	(Month/Day/		8)		Securities		) Underlying				ng		tr. 5)   Beneficially		Direct (D)	rect (D)	Ownership	
Derivative					Acquired Derivative Security (Instr.										Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
						Disposed and 4)							(			Reported		(,, (,		
							of (D)									Transaction (Instr. 4)	(s)			
							and 5)							_		<u> </u>				
													Amour	nt						
													or Numbe	er						
				ا ا	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	of Shares	,						
				+	7.2.2	-	( )	(-,		-		CBS					_			
Restricted Share	\$0.00	09/06/2006			A		608		(2)		(2)	Class B	608		(1)	608		D		
Units <sup>(1)</sup>	Ψ0.00	05/00/2000		- 1	**		"		` `			common	"		. /			-		

## **Explanation of Responses:**

- 1. Granted under the Issuer's long term incentive plan.
- 2. The Restricted Share Units vest in four equal annual installments beginning on September 6, 2007 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.

## Remarks:

/s/ Straka, Angeline C.

\*\* Signature of Reporting Person Date

09/08/2006

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.