FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | DVAL                                  |
|------------------------|---------------------------------------|
| OMB Number:            | 3235-0287                             |
| Estimated average burd | en                                    |
| hours per response:    | 0.5                                   |
|                        | OMB Number:<br>Estimated average burd |

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

| Name and Address of Reporting Person*     COHEN WILLIAM S     |  |         |   |                  |                | 2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CBS CORP</u> [ CBS, CBS.A ] |                  |         |  |     |                    |  |   |                 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                               |  |  |  |
|---|--|---------|---|------------------|----------------|---|------------------|---------|--|-----|--------------------|--|---|-----------------|---|---|-------------------------------|--|--|--|
| (Last)  |  |         | Date of Earliest Transaction (Month/Day/Year) |                  |                |   |                  |         |  |     | - ×                | _  | er (give title                            |                 | 10% O<br>Other (<br>below)  | specify   |                               |  |  |  |
| (Last) (First) (Middle) 51 WEST 52ND STREET                   |  |         |   |                  |                | 05/26/2009  |                  |         |  |     |                    |  |   |                 |   | ,   |                               |  |  |  |
| (Street) NEW YC   | ORK N  | Ý 1     | .0019   |                  | 4. If          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                          |                  |         |  |     |                    |  |   |                 | Forn  | ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting |                               |  |  |  |
| (City)  | (St  | ate) (2 | Zip)  |                  |                |   |                  |         |  |     |                    |  |   |                 | Pers  | son   |                               |  |  |  |
|   |  | Tabl    | e I - Nor                                     | -Deriva          | ative          | Sec   | uritie           | s Acc   | quired,  | Dis | posed o            | f, or E  | 3ene                                      | ficiall         | / Owne  | ed  |                               |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |         |   |                  | Execution Date |   |                  | n Date, | , Transaction Dispo<br>Code (Instr. 5)                         |     |                    | curities Acquired (A)<br>sed Of (D) (Instr. 3, 4                   |   |                 | Securi<br>Benefi  | icially<br>d Following  | Form:                         | Indirect   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|   |  |         |   |                  |                |   |                  |         | Code   | v   | Amount             | (A)  | ) or<br>)                                 | Price           | Transa  | action(s)<br>3 and 4)   |                               |  | (Instr. 4)   |  |
| CBS Class B common stock 05/20                                |  |         |   |                  | /2009          |   | A <sup>(1)</sup> |         | 258  |     | A                  | \$7.19   | 10,759                                    |                 | D   |   |                               |  |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |   |                  |                |   |                  |         |  |     |                    |  |   |                 |   |   |                               |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | erivative Conversion Date Execution or Exercise (Month/Day/Year) if any  |         |   | Date, Transactio |                |   |                  |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     |                    | 7. Title<br>Amour<br>Securi<br>Under<br>Deriva<br>Securi<br>and 4) | nt of<br>ties<br>lying<br>tive<br>ty (Ins | De<br>Se<br>(Ir | Price of<br>rivative<br>curity<br>str. 5)                               | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)                           | Ow<br>For<br>Dir<br>or<br>(I) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |         |   |                  | Code           | v   | (A)              | (D)     | Date<br>Exercisa   |     | Expiration<br>Date | Title  | Amo<br>or<br>Num<br>of<br>Share           | ber             |   |   |                               |  |  |  |

## Explanation of Responses:

1. Restricted share units acquired in connection with previously vested restricted share units for which settlement has been deferred.

## Remarks:

/s/ Angeline C. Straka, Attorney-in-fact 05/28/2009

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- $^{\star}$  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.