FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

. 20549	OMB APPROVAL

	OMB Number:	3235-0287						
Estimated average burden								
ı	hours per recogness:	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>Kopelson Arnold</u>						2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 51 WES	(F Γ 52ND ST	irst)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2015								Officer below)	Officer (give title below)		Other (s below)	pecify			
(Street) NEW YO			10019 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					action	on 2A. Deemed Execution Date,			3. 4. Securiti			Acquired		5. Amount of Securities Beneficially Owned Following		Form (D) o	: Direct I r Indirect I	7. Nature of ndirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
CBS Clas	ss B commo	n stock		02/15	5/2015	015		M		3,079	A	\$0 ⁽¹⁾	46	46,146		D			
CBS Class B common stock 02/15/2				5/2015	015		A		28(2)	A	\$0.0000	1) 46	,174		D				
			Table II								osed of, convertib			Owned			<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4)				
Restricted Share Units ⁽³⁾	(4)	02/15/2015			M			3,079	02/15/2	2015 ⁽⁴⁾	(4)	CBS Class B common stock	3,079	\$0.0000	0.0000	0	D		
Restricted Share Units ⁽³⁾	(5)	02/15/2015			A		3,343		02/15/2	2016 ⁽⁵⁾	(5)	CBS Class B common stock	3,343	\$0.0000 ⁽³⁾	3,343	3	D		

Explanation of Responses:

- 1. On February 13, 2015, the last preceding business day, the closing price of the CBS Class B common stock on the NYSE was \$59.83.
- 2. Acquired in connection with the settlement of Restricted Share Units upon which dividend equivalents accrued prior to vesting.
- 3. Granted under the Issuer's RSU Plan for Outside Directors.
- 4. The Restricted Share Units, which were granted on February 15, 2014, vested on February 15, 2015 and were settled by delivery of a corresponding number of shares of the Issuer's Class B Common Stock.
- 5. The Restricted Share Units will vest on February 15, 2016 and will be settled by delivery of a corresponding number of shares of the Issuer's Class B Common Stock upon vesting, unless the Reporting Person has elected to defer settlement.

/s/ Arnold Kopelson

02/17/2015

** 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.