FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* REDSTONE SHARI				2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
REDSTONE SHARI												X Director			1	10% Owner		
(Last) (First) (Middle)				Date of Earliest Transaction (Month/Day/Year)								X	Office			ther (elow)	specify	
,	` Г 52ND ST	,	,	01	01/01/2012									Vice Chair				
OI WES	1 32ND 31	KEEI																
(Street)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
NEW YO	ORK N	Y :	10019										X	Form	filed by One	Reporting	Pers	on
(City)	(6)	tate) ((Zip)	_										Form Perso	i filed by More on	e than One	Repo	orting
(City)		tate)	(ΖΙΡ)															
		Tab	le I - Non-De	rivativ	e Sec	curiti	es A	cquired, I	Disp	osed	of, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac					action 2A. Deemed 3. 4. Securities Acquired (A)												7. Nature	
Date				Day/Year) Ex		on Dat	e, Transaction Code (Instr.				nstr. 3, 4	and	Securit Benefic		Form: Dire (D) or India		of Indirect Beneficial	
			Zujii	(Month/Day/Yea							Owned	Following	(I) (Instr. 4)		Ownership			
						Code	v	Amount	(A) or (D)			Reported Transaction(s)				(Instr. 4)		
											•	Amount		(Instr. 3	3 and 4)			
		Ta	able II - Deri											vned				
			(e.g.	puts,	calls	, war	rants	s, options	, co	nverti	ble sec	urities	5)					
1. Title of Derivative Security (Instr. 3)	or Exercise Price of Derivative (Month/Day/Year) if any (Month/Day			4. Transaction Code (Instr. 8)				Expiration Date (Month/Day/Year) Securi Underl			Amount of Securities Underlying Derivativ	7. Title and Amount of Securities Underlying Derivative		rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned	Owne Form: Direct or Ind	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security						r osed) r. 3, 4 5)				Security (Instr. 3 and 4)				Following Reported Transaction (Instr. 4)	(s) (I) (Ins	tr. 4)	
												Amoun	nt					
												or Numbe	r					
				Code	l _v	(A)	(D)	Date Exercisable		piration te	Title	of Shares						
Dhaartaan				10000	1	(1.9	-		+		1	01141100	+			_		
Phantom Class A Common Stock Units	(1)	01/01/2012		A		476		(1)		(1)	CBS Class A common stock	476	\$2	27.68	7,940	Г)	
Phantom Class B Common Stock Units	(1)	01/01/2012		A		486		(1)		(1)	CBS Class B common stock	486	\$2	27.14	7,971	Г	1	

Explanation of Responses:

1. Reporting Person has elected to defer payment of Board/Committee fees, as applicable, pursuant to the Issuer's deferred compensation arrangement for directors. Deferred amounts (including any cash dividends credited during the previous quarter) are deemed invested quarterly in the number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such amounts would have purchased when converted. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

> /s/ Angeline C. Straka, 01/04/2012 Attorney-in-fact

** 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.