## FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number:

Estimated average burden 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

Name and Address of Reporting Person*     Anschell Jonathan				uer Name <b>and</b> Ticke S CORP [ CBS		-	Symbol		ationship of Reportir k all applicable) Director	10%	Owner		
(Last) 51 WEST 52N	(First) ID STREET	(Middle)		te of Earliest Transa 9/2016	ction (N	lonth/l	Day/Year)	X	Officer (give title below)  EVP, Deputy GC and Secretary				
(Street) NEW YORK (City)	NY (State)	10019 (Zip)		mendment, Date of				Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)  2. Trans Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
CBS Class B co	ommon stock		02/19/2016		М		2,558	A	<b>\$0</b> <sup>(1)</sup>	6,396	D		
CBS Class B common stock 02/19/2					F		1,336	D	\$45.09	5,060	D		
CBS Class B common stock 02/20/2					М		2,344	A	<b>\$0</b> <sup>(2)</sup>	7,404	D		
				1	1	1	1		1		1		

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

F

1,224

\$45.09

6,180

766

D

I

By

401(k)

D

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Share Units <sup>(3)</sup>	(4)	02/19/2016		М			2,558	02/19/2016 <sup>(4)</sup>	(4)	CBS Class B common stock	2,558	\$0.0000	7,679	D	
Restricted Share Units <sup>(3)</sup>	(5)	02/20/2016		М			2,344	02/20/2016 <sup>(5)</sup>	(5)	CBS Class B common stock	2,344	\$0.0000	4,688	D	

## **Explanation of Responses:**

CBS Class B common stock

CBS Class B common stock

- $1.\ On\ February\ 19,\ 2016,\ the\ closing\ price\ of\ the\ CBS\ Class\ B\ common\ stock\ on\ the\ NYSE\ was\ \$45.09.$
- 2. On February 19, 2016, the last preceding business day, the closing price of the CBS Class B common stock on the NYSE was \$45.09.

02/20/2016

- 3. Granted under the Issuer's long term incentive plan.
- 4. 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.
- 5. These Restricted Share Units vest in three equal annual installments on February 20, 2016, February 20, 2017 and February 20, 2018.

02/22/2016 /s/ Jonathan Anschell

\*\* Signature of Reporting Person

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.