## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWD 7 W T	110 17 12
OMB Number:	3235-0287
Estimated average	burden

0.5

hours per response:

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

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1. Name and Address of Reporting Person*  COHEN WILLIAM S				2. Issuer Name and Ticker or Trading Symbol  CBS CORP [ CBS, CBS.A ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
COTIEN WILLIAM 5														X	Direc	tor	10%	Owner
(Last) 51 WES	(F) T 52ND ST	rst) (		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2007							Officer (give title below)			Other below	(specify )			
				ľ	⊿ If	Amen	dmen	t Date	of Original F	hali	(Month/F	)av/Vear)	T	6 Ind	ividual or	loint/Group	Filing (Check	\nnlicable
(01 1)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
. ,	Street) NEW YORK NY 10019											X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate) (	(Zip)		Person													
		Tab	le I - Non-D	erivat	tive	Sec	uritie	es A	cquired, I	Disp	osed	of, or B	enefic	ially	Owne	d		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				te	Execution Date		Code (Instr.			ecurities Acquired (A) posed Of (D) (Instr. 3, 4				ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)		ice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (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/Ye	Code (Ins					6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price or Derivative Security (Instr. 5)		9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	er				
Phantom Class A Common Stock Units	(1)	04/01/2007		A	A		465		(1)		(1)	CBS Class A common stock	465		330.61	4,023	D	
Phantom Class B Common Stock Units	(1)	04/01/2007		I	A		465		(1)		(1)	CBS Class B common stock	465		330.59	4,038	D	

## **Explanation of Responses:**

1. Reporting Person has elected to defer payment of Board retainer and fees 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.

## Remarks:

/s/ Cohen, William S.

04/02/2007

\*\* 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.