FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
l	OMB Number:	3235-0287								
	Estimated average burden									
П	L	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 ]							(Che	5. Relationship of Reportin (Check all applicable)  X Director			g Person(s) to Issuer 10% Owner	
(Last) 51 WES	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2017								Officer below)	(give title		Other (s below)	pecify
(Street)  NEW Y(	ORK N	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
		Tal	ble I - N	on-Der	ivativ	e Se	curiti	es Ac	quire	d, Dis	sposed of	, or Be	neficiall	/ Owned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at				es ally Following	Form:	Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		[	Instr. 4)
CBS Class B common stock 02/15/20						017			M	П	4,632	A	<b>\$0</b> <sup>(1)</sup>	55	5,311		D	
CBS Class B common stock 02/15/20					5/2017	017		A	П	47(2)	A	\$0.0000	1) 55	5,358		D		
			Table II								osed of, convertib			Owned	,		·	
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. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/Y		te	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 Transactio	Own For Director I (I) (	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		(Instr. 4)			
Restricted Share Units <sup>(3)</sup>	(4)	02/15/2017			M			4,632	02/15/2	2017 <sup>(4)</sup>	(4)	CBS Class B common stock	4,632	\$0.0000	0.0000		D	
Restricted Share Units <sup>(3)</sup>	(5)	02/15/2017			A		3,066		02/15/2	2018 <sup>(5)</sup>	(5)	CBS Class B common	3,066	\$0.0000(3)	3,066		D	

## **Explanation of Responses:**

- $1.\ On\ February\ 15,\ 2017,\ the\ closing\ price\ of\ the\ CBS\ Class\ B\ common\ stock\ on\ the\ NYSE\ was\ \$65.24.$
- 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 Equity Plan for Outside Directors.
- 4. The Restricted Share Units, which were granted on February 15, 2016, vested on February 15, 2017 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, 2018 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

02/16/2017

\*\* 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.