FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	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* COHEN WILLIAM S				2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
COTIEN WILLIAM 5													X	Direc	tor	10% (Owner	
(Last) 51 WES	Last) (First) (Middle) 1 WEST 52ND STREET						3. Date of Earliest Transaction (Month/Day/Year) 01/01/2015								Officer (give title below)			
					If Am		t Doto	of Original F	-ilad /	(Manth/F) (\/\(\alpha\)		C India	نما ما	loint/Croun	Filing (Chaple)	policoblo	
				— ⁴	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-De	erivati	ve Se	curiti	es A	cquired, [Disp	osed	of, or B	enefic	ially (Owne	:d			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			е	Execution Date,		Code (Instr. 5)			5. Amount of Securities Beneficially Owned Follow		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)	or Pri	ce	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/Yea	Cod	Transaction Code (Instr.		vative urities uired or oosed o) rr. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deri	rice of vative urity tr. 5)	9. Number or 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)	
				Cod	e V	(A)	(D)	Date Exercisable		piration te	Title	Amoun or Numbe of Shares	r					
Phantom Class A Common Stock Units	(1)	01/01/2015		A		359		(1)		(1)	CBS Class A common stock	359	\$5	6.22	28,598	D		
Phantom Class B Common Stock Units	(1)	01/01/2015		A		365		(1)		(1)	CBS Class B common stock	365	\$5	5.34	28,741	D		

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, 01/05/2015 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.