FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Kopelson Arnold						CBS CORP [CBS, CBS.A]								elationship deck all applic Compared to the c	''' /		on(s) to Issu 10% Ow	
(Last) (First) (Middle) 51 WEST 52ND STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2018								Officer below)	(give title		Other (s below)	pecify	
(Street) NEW YO	et) W YORK NY 10019						4. If Amendment, Date of Original Filed (Month/Day/Year)								vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)															
		Tal	ole I - N	on-Der	ivativ	re Se	curiti	es Ac	quire	d, Dis	sposed of	, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				es ally Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	nsaction(s) str. 3 and 4)			(Instr. 4)
CBS Class B common stock 02/15/20						018			M		3,066	A	\$0 ⁽¹⁾	66	66,046		D	
CBS Class B common stock 02/15/20					5/2018	018		A		39 ⁽²⁾	A	\$0.0000	(1) 66	,085		D		
			Table II								osed of, convertib			Owned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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. Numbe derivative Securities Beneficia Owned Following Reported	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)			
Restricted Share Units ⁽³⁾	(4)	02/15/2018			M			3,066	02/15/2	2018 ⁽⁴⁾	(4)	CBS Class B common stock	3,066	\$0.0000	0.000	0	D	
Restricted Share Units ⁽³⁾	(5)	02/15/2018			A		3,525		02/15/2	2019 ⁽⁵⁾	(5)	CBS Class B common stock	3,525	\$0.0000 ⁽³⁾	3,525	, [D	

Explanation of Responses:

- 1. On February 15, 2018, the closing price of the CBS Class B common stock on the NYSE was \$56.74.
- 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, 2017, vested on February 15, 2018 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, 2019 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

02/16/2018

** 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.