FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

of Section Softy of the investment Company Act of 1540												
Name and Address of Reporting Person* Minow Martha L.			2. Date of Event Requiring Statement (Month/Day/Year) 05/19/2017 3. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]									
(Last) 51 WEST 52N	(First)	(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
					Officer (give title below)		Other (spe	cify 6. II	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) NEW YORK	NY	10019							_	y One Reporting Person y More than One erson		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expiration			Expiration Da			3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	ı Title	,	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

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<u>/s/ Martha L. Minow</u> <u>05/26/2017</u>

** Signature of Reporting Person Dat

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).