FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL							
l	OMB Number:	3235-0287						
l	Estimated average burde	en						
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*						2. Issuer Name and Ticker or Trading Symbol  CBS CORP [ CBS, CBS.A ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SHEA MARTIN M						<u> </u>							Directo			10% Ow	· I	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)		Other (s below)	pecify	
(Last) (First) (Middle) 51 WEST 52ND STREET						04/01/2008							E					
					$\vdash$													
(Street)				<sup>-</sup>   4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
NEW YO	ORK N	NY 1001										X Form filed by One Reporting Person						
			-									Form filed by More than One Reporting Person						
(City)	(S	(State) (Zip)																
		Tab	le I - Non	-Deriv	/ativ	e Se	curities	Acc	quired, Di	sposed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Exec Day/Year) if any		A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3) 5)		ed (A) or tr. 3, 4 and	Benefici Owned F	ally Following	Form:	: Direct   C Indirect   E str. 4)   C	7. Nature of Indirect Beneficial Ownership	
									Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
		-	Гаble II - I	Deriva	tive	Seci	urities A	cqu	ired, Dis	osed of,	or Ben	eficially	Owned			<u> </u>		
			(	e.g., p	outs,	calls	s, warra	nts,	options,	converti	ble secu	rities)						
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/Year)	oate,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	у	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		(Instr. 4)	11(3)			
Class B Phantom Common Stock	(1)	04/01/2008			A		4.476 <sup>(2)</sup>		(1)	(1)	CBS Class B common stock	4.476	\$22.86	420.799	)	D		

## **Explanation of Responses:**

- 1. Phantom common stock units are payable in cash following the Reporting Person's retirement or other termination of service pursuant to the Issuer's Bonus Deferral Plan for Designated Senior Executives. Each CBS Corporation Class B Phantom common stock unit is the economic equivalent of one share of CBS Corporation Class B common stock.
- 2. Class B Phantom Common Stock Units credited in respect of hypothetical dividends pursuant to the Issuer's Bonus Deferral Plan for Designated Senior Executives.

## Remarks:

By: /s/ Angeline C. Straka, 04/03/2008 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.