FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	OMB APPROVAL				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02			

3235-0287 OMB Number: Estimated average burden 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

				01	Section	n 30(h) of the	e Investmen	t Cor	npany Ac	t 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)						
<u>REDSTONE SHARI</u>				-	[050, 050,1]								X D	irec	tor	10% C		wner	
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015									office elow	er (give title v)		Other (specify below)		
51 WEST 52ND STREET				10									Vice Chair						
(Street)	Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
NEW YO	ORK N	Y	10019										X Form filed by One Reporting Person						
(City)	(Si	tate) ((Zip)									Form filed by More than One Reporting Person							
		Tab	le I - Non-Der	ivativ	e Sec	curiti	es A	cquired,	Dis	posed	of, or B	enefici	ally Ov	vne	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execu		on Dat	Code (and Securi Benefi Owned		ities Ficially (d Following (n: Direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Price	Tra	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/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year			7. Title ar Amount of Securities Underlyin Derivative Security and 4)	nount of ecurities inderlying erivative ecurity (Instr. 3		rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares							
Phantom Class A Common Stock Units	(1)	10/01/2015		A		327		(1)		(1)	CBS Class A common stock	327	\$43.7	7	12,249		D		
Phantom Class B Common Stock	(1)	10/01/2015		A		362		(1)		(1)	CBS Class B common stock	362	\$39.4	7	12,346		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, 10/05/2015 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.