FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-02									

87 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)

# 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

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>Straka</u>	<u>Angeline</u>	<u>C</u>				<u> </u>	JOILI [	CD	о, свол	1					Directo	r		10% Ov	/ner	
(Last)	(E	iret)	(Middle)		3. 🗅	Date of Earliest Transaction (Month/Day/Year)								X	Officer below)	(give title		Other (s below)	pecify	
					01/25/2009								SVP,	Deputy G	C an	d Secretar	y			
51 WEST 52ND STREET																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ODE N	V	10010											X	Form fi	led by One	Dono	ortina Dorcoi	,	
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-	-Deriv	ative	e Se	curities	Ac	quired,	Dis	posed o	f, or Be	nefici	ally	Owned	l				
1. Title of	Security (Ins	tr. 3)		2. Transa	action		2A. Deeme		3.			ties Acquii			5. Amou				7. Nature	
Date						Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			str. 3, 4 a	nd	Securitie Beneficia	ally (D) o Following (I) (Ir		or Indirect nstr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
									v	Amount	(A) o (D)	Pric	Transa (Instr. 3		ion(s)			(III301. <del>4</del> )		
		7	able II - D	Perivat	tive	Sec	urities A	Acqı	uired, D	ispo	osed of,	or Ben	eficial	ly C	wned				·	
			(6	e.g., p	uts,	call	s, warra	ants	, option	ıs, c	onvertil	ole seci	urities	)						
1. Title of	2.	3. Transaction	3A. Deemed		4.		5. Number		6. Date Exercisabl					8. Price		9. Number		10.	11. Nature	
Derivative   Conversion   Date   Execution Date   Security   or Exercise   (Month/Day/Year)   if any					te, Transactio				Expiration Date Amount of (Month/Day/Year) Securities					Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative	(	(Month/Day/		3)	Securities Underlying				ng		nstr. 5)	Beneficially Owned Following		Direct (D) or Indirect	Ownership				
	Security					(A) or						Security				3		(i) (instr. 4)	(Instr. 4)	
						Disposed of (D) (Instr.			and 4)							Reported Transaction(s)				
				F	3,		3, 4 and 5)						Ι.	$\dashv$		(Instr. 4)				
													Amour or	ıt						
									Date	Ι,	Expiration		Numbe	r						
				d	Code	v	(A)	(D)	Exercisal		Date	Title	Shares							
Restricted												CBS								
Share Units <sup>(1)</sup>	(2)	01/25/2009			A <sup>(3)</sup>		16,798		(2)		(2)	Class B common	16,79	8	(1)	23,997	7	D		
Units	I	I	1	- 1		I	1 1		I	- 1		stock	I	- 1		1			1	

#### **Explanation of Responses:**

- 1. Granted under the Issuer's long term incentive plan.
- 2. The Restricted Share Units vest in four equal annual installments beginning on February 28, 2009 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.
- 3. On January 25, 2009, the performance target associated with these RSUs was certified as having been achieved.

## Remarks:

/s/ Straka, Angeline C. 01/27/2009

\*\* 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.