FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | 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* REDSTONE SUMNER M | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A] | | | | | | | | | | | ck all ap _l | , | g Per | . , | |
|--|---|-------|-------|------------|------------------------------|---|---|------------------------|---------------------------|--------------------|------|--|---|--|-----------------|---|---|------------------------|---|--|---|--------------|
| (Last) (First) (Middle) 51 WEST 52ND STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2009 | | | | | | | | | | X | Office below | , | cha | Other (specify below) Chairman | | |
| (Street) NEW YORK NY 10019 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on | |
| (City) | | (Stat | e) (2 | Zip) | | | | | | | | | | | | | | Peis | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | nsac de (In | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Cod | de | v | Amount | | (A) c (D) | or Pr | ice | | action(s) 3 and 4) | | | (111511.4) |
| CBS Class B common stock 02/01/ | | | | | | /2009 | 2009 | | | F ⁽⁾ | 1) | | 32,850 | | D | \$ | 5.72 | 6 | 681,056 | | D | |
| CBS Class B common stock | | | | | | | | | | | | | | | | | | | 64 | | I | By 401(k) |
| CBS Class B common stock | | | | | | | | | | | | | | | | | 22, | 22,809,527 | | I | By NAIRI, Inc. ⁽²⁾ | |
| CBS Class B common stock | | | | | | | | | | | | | | | | | | | 100 | | I | By Spouse |
| | | | Та | ble II - C | | | | | | | | | sed of, onvertib | | | | | Owned | | | | |
| Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any | | | | | 4. Transa Code (8) | | n of Der Sec Acc (A) Dis of (I | osed 0) tr. 3, 4 | 6. Dat Expira (Mont | ation | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | C F D O (I | Do. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | Code V | | (D) | Date Exercisal | | | Expiration Date | Titl | | Amoun or Numbe of Shares | | | | | | | | | |

Explanation of Responses:

- $1. \ Tax \ withholding \ upon \ the \ settlement \ of \ restricted \ share \ units, \ the \ acquisition \ of \ which \ has \ been \ previously \ reported.$
- 2. These securities are owned directly by NAIRI Inc., but may also be deemed to be beneficially owned by (1) NAIRI's parent corporation, National Amusements, Inc. (NAI), and (2) Sumner M. Redstone, who is the controlling stockholder of NAI.

Remarks:

<u>/s/ Redstone, Sumner M.</u> <u>02/03/2009</u>

** 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.