

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

1. Name and Address of Reporting Person* <u>CBS CORP</u> <hr/> (Last) (First) (Middle) <u>51 WEST 52ND STREET</u> <hr/> (Street) <u>NEW YORK NY 10019</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>06/23/2008</u>	3. Issuer Name and Ticker or Trading Symbol <u>CNET NETWORKS INC [CNET]</u> <hr/> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	112,528,648 ⁽¹⁾	I	By Ten Acquisition Corp. ⁽²⁾
Common Stock	1,216,016	D ⁽³⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>CBS CORP</u> <hr/> (Last) (First) (Middle) <u>51 WEST 52ND STREET</u> <hr/> (Street) <u>NEW YORK NY 10019</u> <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Ten Acquisition Corp.</u> <hr/> (Last) (First) (Middle) <u>51 WEST 52ND STREET</u> <hr/> (Street) <u>NEW YORK NY 10019</u> <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>NAIRI INC</u> <hr/> (Last) (First) (Middle) <u>200 ELM STREET</u> <hr/> (Street) <u>DEDHAM MA 02026</u> <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person*

NATIONAL AMUSEMENTS INC /MD/

(Last) (First) (Middle)

200 ELM STREET

(Street)

DEDHAM MA 02026

(City) (State) (Zip)

1. Name and Address of Reporting Person*

REDSTONE SUMNER M

(Last) (First) (Middle)

51 WEST 52ND STREET

(Street)

NEW YORK NY 10019

(City) (State) (Zip)

Explanation of Responses:

1. Reflects shares purchased in a tender offer.

2. The shares are held by Ten Acquisition Corp., a wholly-owned subsidiary of CBS Corporation ("CBS"), and may also be deemed to be beneficially owned by (a) NAIRI Inc. ("NAIRI"), which owns approximately 80% of CBS' voting stock, (b) NAIRI's parent corporation, National Amusements Inc. ("NAI"), and (c) Mr. Sumner M. Redstone, who is the controlling stockholder of NAI.

3. The shares are held by CBS and may also be deemed to be beneficially owned by (a) NAIRI, (b) NAI and (c) Mr. Redstone.

/s/ Angeline C. Straka, SVP
and Secretary, CBS
Corporation 06/25/2008

/s/ Louis J. Briskman, Vice
President and Secretary, Ten
Acquisition Corp. 06/25/2008

/s/ Sumner M. Redstone,
Chairman and President,
NAIRI Inc. 06/25/2008

/s/ Sumner M. Redstone,
Chairman and CEO, National
Amusements Inc. 06/25/2008

/s/ Sumner M. Redstone 06/25/2008

** 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 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).

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.