## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  GORDON BRUCE S						2. Issuer Name and Ticker or Trading Symbol CBS CORP [ CBS, CBS.A ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						[ 320, 320.1 ]								X Dire		ctor 10% C		Owner	
(Last) 51 WEST	(Fi	,	Middle)			3. Date of Earliest Trans 01/31/2017				saction (Month/Day/Year)					Offic belov	er (give title w)		Other (specify below)	
(Street)					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				Applicable	
NEW YC	RK N	<b>V</b> 1	0019											X	Forn	n filed by One	e Reporting Pers	son	
					-									Form filed by More than One Reporting Person					
(City)	(S	tate) (	Zip)																
		Tabl	e I - N	on-Deriv	/ative	Sec	uritie	s Ac	quired	d, Di	sposed o	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8)			s Acquired (A) or f (D) (Instr. 3, 4 and 5		nd 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(11341.4)		
CBS Class B common stock 01/31/2				2017	17		A		348(1)	A	\$0.0	000(2)	53,405 <sup>(3)</sup>		D				
CBS Class B common stock 02/01/2			2017	)17		A		63(1)	A	\$0.0	0.0000(4)		3,468	D					
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  (Instr. 3)  3. Transaction Date (Month/Day/Year) (Month/Day/Year)  Execution if any (Month/Day/Year)		on Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable at Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst		ative derivative rity Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Represents shares of the Issuer's Class B common stock to which the Reporting Person became entitled with respect to dividend equivalents accrued on previously vested restricted share units for which settlement has been deferred.
- 2. On January 31, 2017, the closing price of the CBS Class B common stock on the NYSE was \$64.49.
- 3. Includes shares acquired periodically pursuant to a dividend reinvestment program meeting the requirements of Rule 16a-11.
- 4. On February 1, 2017, the closing price of the CBS Class B common stock on the NYSE was \$64.60.

<u>/s/ Bruce S. Gordon</u> <u>02/02/2017</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.