FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington, D.C. 20549	
STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 1/b)

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]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
					3. Date of Earliest Transaction (Month/Day/Year) 03/24/2015									X Officer (give title Other (spelow) Executive Chairman					
(Street) NEW YORK NY 10019 (City) (State) (Zip)			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			on			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				Execution Date,			3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Follow Reported		ities icially d Following	6. Own Form: (D) or I (I) (Ins	Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Trans	saction(s) . 3 and 4)			(111501.4)	
CBS Class B common stock 03/24/201				015	15			G	v	186,450	D	\$0.00	0000(1)		9,243,800		I	By NAI and NAI EH ⁽²⁾	
CBS Class B common stock													2		202,493		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	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed) : 3, 4	6. Date Expira (Mont)	ation D h/Day/	Expiration	7. Title Amoun Securit Underly Derivat Securit and 4)	t of ies /ing	Deri Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or I (I) (nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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)							
1. Name and Address of Reporting Person* NATIONAL AMUSEMENTS INC /MD/									
(Last)	(First)	(Middle)							
846 UNIVERS									
(Street)									
NORWOOD	MA	02062							
(City)	(State)	(Zip)							

Explanation of Responses:

^{1.} Bona fide gifts by National Amusments Inc. to charitable foundations for no consideration.

^{2.} Of these securities, (i) 3,443,800 shares are owned directly by National Amusements Inc. (NAI) and (ii) 5,800,000 shares are owned directly by NAI Entertainment Holdings LLC (NAI EH). The shares owned directly by NAI, and such shares, as well as the shares owned directly by NAI, may also be deemed to be beneficially owned by NAI, and such shares, as well as the shares owned directly by NAI, may also be deemed to be beneficially owned by Sumner M. Redstone, who is the controlling stockholder of NAI.

Attorney-in-fact

By: Tad Jankowski, Vice

<u>President</u>

03/26/2015

** 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.