FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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Washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP				

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPR	OVAL						
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

Name and Address of Reporting Person* Morris Doug				2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]								(Ch	Relationship neck all app X Direct	licable)	,				
(Last) 51 WES	(Fi Γ 52ND ST	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2016							Office below	er (give title v)		Other (below)				
(Street) NEW Y(10019 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicatione) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date (Month/			ate	Execution Dat ay/Year) if any		Execution Date,		, Transaction Disposed C Code (Instr. 5)			urities Acquired (A) sed Of (D) (Instr. 3, 4			Benefic	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code V Amount (A) or P					or P	rice	Transa	ction(s) B and 4)			(Instr. 4)		
	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)	3A. Deemed Execution Dat if any (Month/Day/Ye	te, 4.	4. Transactio Code (Inst 8)		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year		sable and 7. Titl Amou Secur) Under Deriv: Secur		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				С	ode	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amou or Numb of Share	er					
Phantom Class A Common Stock Units	(1)	07/01/2016			A		271		(1)		(1)	CBS Class A common stock	271	L	\$58.58	22,672		D	
Phantom Class B Common Stock Units	(1)	07/01/2016			A		289		(1)		(1)	CBS Class B common stock	289)	\$54.86	22,902		D	

Explanation of Responses:

1. Reporting Person has elected to defer payment of Board/Committee fees, as applicable, pursuant to the Issuer's deferred compensation arrangement for directors. Deferred amounts (including any cash dividends credited during the previous quarter) are deemed invested quarterly in the number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such amounts would have purchased when converted. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

> /s/ Matthew D. Morgeson, 07/06/2016 Attorney-in-fact

** 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.