FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

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1. Name and Address of Reporting Person* Kopelson Arnold				2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
rtopers	011 1 111101	<u>u</u>												X	Direc	tor	10% C	Owner		
(Last) 51 WES	ast) (First) (Middle) WEST 52ND STREET				3. Date of Earliest Transaction (Month/Day/Year) 04/01/2008										Office below	er (give title v)	Other below)	(specify		
						4. If Amondment, Date of Original Filed (Month/Day/Mass)									6. Individual or Joint/Group Filing (Check Applicable					
					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)							
(Street)			10010											X	Form	filed by One	Reporting Pers	on		
NEW YO	ORK N	Y :	10019													•	than One Rep			
															Perso		than one rep	orang		
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-D	eriva	tive	Sec	uriti	es A	cquired, [Disp	osed	of, or B	enefic	ially	Owne	d				
1 Title of (Coourity (Inc			Transac		_	A. Dee		3.	Ť					5. Amo		6. Ownership	7. Nature		
Date			ate		ļΕ	Execution Date, if any (Month/Day/Year)		e, Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securit	ies	Form: Direct	of Indirect				
(Month				lonth/Da	ay/Yea				Code (Instr. 5) ar) 8))			Benefic Owned		(D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
				'		(, -,			140	$\overline{}$		Reported Transaction(s)		^ /	(Instr. 4)			
									Code	v	Amount	ount (A) o		ce	(Instr. 3					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
			(e.ç	g., put	ts, c	alls,	, war	rants	s, options	, co	nverti	ble sec	urities	5)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	te, Tr	Code (Inst				6. Date Exercisa Expiration Date (Month/Day/Year		Amount of		of s ng e	Der Sec	rice of ivative curity etr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
													Amour	nt						
				Co	ode	v	(A)	(D)	Date Exercisable		piration te	Title	Number of Shares							
Phantom Class A Common Stock Units	(1)	04/01/2008			A		471		(1)		(1)	CBS Class A common stock	471	\$.	22.85	1,671	D			
Phantom Class B Common Stock Units	(1)	04/01/2008			A		470		(1)		(1)	CBS Class B common stock	470	\$.	22.86	1,664	D			

Explanation of Responses:

1. Reporting Person has elected to defer payment of Board retainer and fees 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.

Remarks:

/s/ Kopelson, Arnold

04/03/2008

Date

** Signature of Reporting Person

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.