## FORM 4

obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

## 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>CALIFANO JOSEPH A</u>					2. Issuer Name and Ticker or Trading Symbol  CBS CORP [ CBS, CBS.A ]									ationship k all app Direc	licable)	g Pers	Person(s) to Issuer  10% Owner	
(Last) 51 WES	(First) (Middle) /EST 52ND STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2014									Office below	er (give title v)		Other ( below)	specify
(Street)  NEW YO	JEW YORK NY 10019			4	. If Am	endme	nt, Date	e of Original	Filed	(Month/E	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
. ,,	`	·	le I - Non-De	erivati	ve Se	curit	ies A	cquired,	Disp	osed	of, or E	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ransactio	action 2/ Expay/Year) if		emed ion Dat	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or	5. Amo Securit Benefic	unt of ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amoun	(A) or (D)		ice	Transa	Reported Transaction(s) (Instr. 3 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 Date if any (Month/Day/Yea	4. Tran	e (Instr	5. N of Der Sec Acc (A) Dis of (	lumber ivative urities juired or posed D) tr. 3, 4	6. Date Exercisab Expiration Date (Month/Day/Year)		ble and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. F Dei	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F-C D O (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares	er					
Phantom Class A Common Stock Units	(1)	01/01/2014		A		13		(1)		(1)	CBS Class A common stock	13	\$	63.64	2,951		D	
Phantom Class B Common Stock Units	(1)	01/01/2014		A		13		(1)		(1)	CBS Class B common stock	13	\$	63.74	2,968		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. The relevant 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/ Joseph A. Califano, Jr.

01/03/2014

\*\* 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.