FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OTATELEDIT	~=	011411050		IEEIOIAI	OVANIEDOLI	
STATEMENT	OF	CHANGES	IN RFL	NEFICIAL	OWNERSH	IΡ

ı	OIVID APPRO	JVAL
	OMB Number:	3235-0287
	Estimated average burd	en
ı	hours per respense:	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

Name and Address of Reporting Person* Tu Lawrence					2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A]							(Ch	eck all application Director Officer (10% Own give title Other (sp		/ner	
(Last) 51 WES	(F Γ 52ND ST	First)	(Middle)			Date of Earliest Transaction (Month/Day/Year) //18/2016							below)	below) below) Sr.EVP, Chief Legal Officer			
(Street) NEW YO	ORK N	ΙΥ	10019		4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(5	State)	(Zip)										Person				
		Та	ble I - Non-I	Deriva	tive S	ecuritie	s Ac	quired, [Dispo	osed of	f, or Be	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ate	action 2A. Deemed Execution Date, Day/Year) if any (Month/Day/Yea		Code (Instr.					5. Amour Securities Beneficia Owned For Reported	s lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V				v .	Amount	(A) or (D)	Price	Transacti	Transaction(s) (Instr. 3 and 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	Cod	Transaction Derivative Code (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s ally	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Cod	e V	(A)	(D)	Date Exercisable		opiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Employee Stock Option (right to buy) ⁽¹⁾	\$45.79	02/18/2016		A		114,566		02/18/2017 ⁽	(2) 02	2/18/2024	CBS Class B common stock	114,566	\$0.0000(1)	114,56	66	D	
Restricted Share Units ⁽³⁾	(4)	02/18/2016		A		22,930		02/18/2017 ⁽	(4)	(4)	CBS Class B common stock	22,930	\$0.0000(3)	22,93	80	D	
Restricted Share Units ⁽³⁾	(5)	02/18/2016		A ⁽⁶⁾		18,641		02/19/2016 ⁰	(5)	(5)	CBS Class B common stock	18,641	\$0.0000(3)	36,27	<u> </u>	D	

Explanation of Responses:

- 1. Right to buy under Issuer's long term incentive plan.
- 2. This option vests in four equal annual installments beginning on February 18, 2017.
- 3. Granted under the Issuer's long term incentive plan.
- 4. These Restricted Share Units vest in four equal annual installments beginning on February 18, 2017 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.
- 5. These Restricted Share Units vest in four equal annual installments beginning on February 19, 2016 and are settled by delivery of a corresponding number of the Issuer's shares upon vesting.
- 6. On February 18, 2016, the performance target associated with these Restricted Share Units was certified as having been achieved.

/s/ Lawrence P. Tu

02/19/2016

** 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.