FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT O | F CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------|--------------|------------|-----------|

OMB APPROVAL OMB Number: Estimated average burden

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hours per response:

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* PARSONS RICHARD D | | | | 2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app | licable) tor er (give title | Person(s) to Is 10% C Other below) | wner (specify | |
|--|---|------------|----------|---|--|---|-----|--------------|----------------------------------|---|--------------------------|---|---|--|--|--|------------------|--|
| (Last) 51 WES | ast) (First) (Middle) WEST 52ND STREET | | | | | 10/01/2018 | | | | | | | | | below | ') | below) | |
| , | NEW YORK NY 10019 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) 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 | | | . Transa | | | e, Transaction Code (Instr. 5) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | ired (A) c | r | 5. Amount of Securities Beneficially Owned Follo | | 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Prio | e e | Reporte Transa (Instr. 3 | ction(s) | | (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) | Title of 2. 3. Transaction Date Execution Date, (Month/Day/Year) if any | | ate, C | 4. Transaction Code (Instr. 8) Sec Acc (A) Dis of (Instr. 8) | | 5. Number 6. Date Exerc | | cisab ate | sable and 7. Title and Amount of | | nd of s ng e | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | Ex _I Dat | piration te | Title | Amount or Number of Shares | | | | | |
| Phantom Class A Common Stock Units | (1) | 10/01/2018 | | | A | | 242 | | (1) | | (1) | CBS Class A common stock | 242 | \$ | 55. <i>7</i> | 242 | D | |
| Phantom Class B Common Stock | (1) | 10/01/2018 | | | A | | 242 | | (1) | | (1) | CBS Class B common stock | 242 | \$5 | 55.76 | 242 | 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/ Richard D. Parsons 10/02/2018

** 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.