#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									

3235-0287 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 Se	ection	30(h)	of the	e Inves	stment (	Comp	oany Act	of 1940								
1. Name and Address of Reporting Person*  REDSTONE SHARI						2. Issuer Name and Ticker or Trading Symbol CBS CORP [ CBS, CBS.A ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
REDSTONE SHARI						[ 525, 525,1]									X Director				10% O	wner	
(Last)	(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									X Officer (give title below)			Other ( below)		
51 WEST 52ND STREET					10/01/2018										Vice Chair						
(Street)	•						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
NEW YO	NEW YORK NY 10019														X Form filed by One Reporting Person						
(City)	(Si	tate)	(Zip)	_									Form filed by More than One Reporting Person								
		Tab	le I - Non-D	erivat	tive S	Seci	uritie	es A	cquir	red, D	isp	osed (	of, or B	enefic	ially	Owne	d				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)						Ex ) if a	2A. Deemed Execution Date, if any (Month/Day/Yea			ransact code (Ins	ion		rities Acqu ed Of (D) (li			Securit Benefic Owned	Amount of ecurities eneficially wned Following		m: Direct	7. Nature of Indirect Beneficial Ownership	
									С	ode \	,	Amount	Amount (A) or (D)			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	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			le and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei	Price of erivative ecurity estr. 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)	
				Co	ode V	,	(A)	A) (D) E		cisable	Exp	oiration e	Title	Amount or Number of Shares							
Phantom Class A Common Stock Units	(1)	10/01/2018		A	A		273		(	(1)		(1)	CBS Class A common stock	273	\$	\$55.7	15,291		D		
Phantom Class B Common Stock Units	(1)	10/01/2018		A	A		273		(	(1)		(1)	CBS Class B common stock	273	\$	55.76	15,470		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/ Kimberly D. Pittman, 10/03/2018 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.