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

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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 | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Kopelson Amora | | | | | | | | | | | | | | X Di | ector | | 10% O | wner | |
| (Last) 51 WES | st) (First) (Middle) WEST 52ND STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2018 | | | | | | | | | Officer (give title Other (spec below) below) | | | | specify | |
| (Stroot) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW Y | ORK N | Y | 10019 | | | | | | | | | | | | rm filed by Or | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | erson | | · | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Ir | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | and Sed Ber Ow | mount of urities eficially led Following | For (D) | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pric | Trai | orted saction(s) r. 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/Ye | Co | Transactio | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | | | | | |
| Phantom Class A Common Stock Units | (1) | 01/01/2018 | | | A | | 11 | | (1) | | (1) | CBS Class A common stock | 11 | \$59.78 | 3,642 | | D | | |
| Phantom Class B Common Stock Units | (1) | 01/01/2018 | | | A | | 12 | | (1) | | (1) | CBS Class B common stock | 12 | \$59 | 3,647 | | D | | |

Explanation of Responses:

1. Represents cash dividends credited during the previous quarter on amounts previously deferred pursuant to the Issuer's deferred compensation arrangement for directors. Such amounts 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/ Arnold Kopelson 01/02/2018

** 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.