Edgar Filing: CBS CORP - Form 4

if no lo subject Section Form 4 Form 5 obligat may co	M 4 UNITEI	MENT OF ursuant to S 7(a) of the I	W F CHA Section Public	ashingto NGES II SECU 16(a) of t Utility Ho	n, D.C. 20 N BENEF (RITIES) the Securi	9 549 ICIA ties E	LOWI Exchange y Act of	COMMISSION NERSHIP OF e Act of 1934, 1935 or Sectio 0	OMB Number: Expires: Estimate burden h response	January 31, 2005 d average ours per
(Print or Type	e Responses)									
	l Address of Reportin ES LESLIE	g Person <u>*</u>	Symbol	l	nd Ticker or BS, CBS.4		ng	5. Relationship o Issuer		
(Last)	(First)	(Middle)			Transaction			(Che	ck all applica	ble)
51 WEST	52ND STREET		(Month 06/01/	/Day/Year) /2008				X Director X Officer (giv below) Pro		0% Owner Other (specify O
NEW YO	(Street) RK, NY 10019			nendment, l lonth/Day/Ye	Date Origina ear)	l		6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person	One Reporting	Person
(City)	(State)	(Zip)	Та	ble I - Non	-Derivative	Secur	ities Aca	uired, Disposed o	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		d Date, if	3.	4. Securitie our Disposed (Instr. 3, 4	es Acq d of (E and 5) (A) or	uired (A)))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
CBS Class B common stock	06/01/2008			F <u>(1)</u>	Amount 198,729	(D) D	\$ 21.58	590,031 <u>(2)</u>	I	By Moonves-A Family Trust (GRAT)
CBS Class B common stock	06/01/2008			F <u>(1)</u>	168	D	\$ 21.58	706	Ι	By Spouse
CBS Class B common stock								269,007 <u>(3)</u>	D	

CBS Class B common stock	772	Ι	By 401(k)
CBS Class B common stock	271	I	By IRA
CBS Class B common stock	991	Ι	By Spouse - 401(k) Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	s	Date	7. Titl Amou Under Securi (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Rel	ationships	
	Director	10% Owner	Officer	Other
MOONVES LESLIE				
51 WEST 52ND STREET	Х		President & CEO	
NEW YORK NY 10019				

Signatures

/s/ Moonves, Leslie

06/03/2008

<u>Signature</u> of
Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Tax withholding upon vesting of Restricted Shares, the acquisition of which has been previously reported.

Since his last ownership report, Reporting Person assigned 788,760 Restricted Shares to the Moonves-A Family Trust, a Grantor Retained(2) Annuity Trust. On June 1st half of these Restricted Shares vested and were subject to tax withholding. This amount includes both the remaining unvested Restricted Shares and the net shares delivered to the Trust after tax withholding.

(3) Reflects the amount of shares remaining after the assignment by Reporting Person of 788,760 Restricted Shares to the Moonves-A Family Trust since his last ownership report.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.