SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number 3235-0287

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| hours per response: | 0.5 |

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI |
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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 Addr | | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|-----------------------|---|--|--|-----------------------|--|--|--|--|
| <u>SLOTKIN TODD J</u> | | | | X | Director | 10% Owner | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2024 | | Officer (give title below) | Other (specify below) | | | | |
| 888 PARK AV | ENUE, APT. | 12B | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Checkland) Line) 1 | | | | | | |
| (Street) | | | | X | Form filed by One Reporting Person | | | | | |
| NEW YORK | NY | 10075 | | | Form filed by More Person | than One Reporting | | | | |
| (City) | (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication | | | | | | | | | |
| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| | | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) | | ction | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--|--|------|-------|--------|---------------|-------------------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock ⁽¹⁾ | 05/10/2024 | | Α | | 1,949 | Α | \$ <mark>0</mark> | 48,817 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (-3) | | | | | | | | | | | , | | | |
|---|---|--|---|------------------------------|---|---|--|--|--------------------|-----------|--|--|--|--|--|
| 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/Year) | 4. Transa Code (8) | | Secu Acqu (A) o Dispo of (D | vative rities lired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of | | Amount of Derivative Securities Security Underlying (Instr. 5) Derivative Security (Instr. | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Restricted Stock vesting 50% in each of the two years following date of award. Annual non-employee Director compensation grant awarded.

| /s/ Jaileah X. Huddleston, | |
|------------------------------|------------|
| Attorney-in-Fact for Todd J. | 05/14/2024 |
| <u>Slotkin</u> | |

** 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.