FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>GLEESPEN MICHAEL W</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ] | | | | | | | | | | cable) or | g Pers | ion(s) to Iss | vner | |
|--|---|--|---|-------|---------|--|--|--------|---------------|-----------------------------------|--------|--|---|------|--|--|--|---|--|---|--|
| | .ast) (First) (Middle) 050 OAK TREE BLVD. UITE 500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2013 | | | | | | | | | | X Officer (give title Other (specify below) Corporate Secretary | | | | |
| (Street) CLEVELAND OH 44131 | | | | | 4.1 | 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 | | | | | |
| (City) | (5 | - | (Zip) | | | | | _ | | | | | _ | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | saction | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Tra | 3. Transaction Code (Instr. | | Oosed of, or Benefic 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | or 5. Amou Securitie Benefici Owned F | | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Co | ode V | | Amount | (A) (D) | r Pi | rice | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| Common Stock ⁽¹⁾ 11/13/ | | | | | | | 2013 | | ı | М | | 36,000 |) A | , | \$8.23 | 110,138 | | | D | | |
| Common Stock ⁽¹⁾ 11/13/ | | | | | | 2013 | | | | F | | 34,239 | 9 D | \$ | 9.09(2) | 75, | 5,899 | | D | | |
| 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. Deeme Execution if if any (Month/Day | Date, | | ansaction ide (Instr. | | of | | te Exer ation D th/Day/ | ate | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 1 | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | | xpiration ate | Title | or | ount mber ires | | | | | | |
| Employee Stock | \$8.23 | 11/13/2013 | | | M | | | 36,000 | 04/08 | 8/2009 | 04 | 4/08/2014 | Commor Stock | 36, | ,000 | \$8.23 | 180,00 | 0 | D | | |

Explanation of Responses:

- 1. Employee Stock Options granted 4-8-2008 at 8.23 exercise price, expiring 4-8-2014. Cashless Hold: exercise of options and sale of shares sufficient to cover only exercise price, taxes and fees.
- 2. Average price. Price range was \$9.03 to \$9.11

Michael W. Gleespen

11/15/2013

** 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.