FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| 1 | Estimated average burden | | | | | | | | | | |

0.5

hours per response:

| 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 S | Secti | on 30(h) | of the | Invest | tment C | com | ipany Act o | of 194 | 40 | | | | | | | | |
|--|---|------|--------------------------|--|--|---|-------|--|--------|--------------|---|-----|--------------------|--|-----------------|----------------------|--|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* OBYRNE ROBERT | | | | | 2. Issuer Name and Ticker or Trading Symbol CENTURY BUSINESS SERVICES INC CBIZ] | | | | | | | | | | | | ationship of Reportir k all applicable) Director Officer (give title below) | | 10% C | | Owner (specify | | |
| (Last) (First) (Middle) 6050 OAK TREE BLVD SUITE 500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2004 | | | | | | | | | | | Senior Vice President | | | | | | |
| (Street) CLEVELAND OH 44131 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | , | Table | e I - Nor | n-Deriva | ative | Se | curitie | s Ac | quir | ed, D | isp | osed o | f, oı | r Ben | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | /Day/Year) if | | 2A. Deemed Execution Date, f any Month/Day/Year | | , Tr Co | 3. Transaction Code (Instr. 8) | | | | | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Co | ode V | | Amount | | (A) or (D) | Price | . | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock ⁽¹⁾ 07/02/ | | | | | | /2004 | 1 | | | | P | | 23.2 | | A \$4 | | .31 314,163.52 | | ,163.52 | | D | | |
| | | | Та | | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date | Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. B) | | | | Expi | ate Exer ration D nth/Day/ | ate | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | str. 3 | Deriv Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direct or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Co | Code | v | (A) | (D) | Date Exer | : cisable | | Expiration Date | Title | or Nur of | ount nber ıres | | | | | | | |

Explanation of Responses:

1. Purchased under CBIZ Stock Investment Plan by regular payroll deduction.

Michael W. Gleespen, Attorney-in-Fact for Robert A. 07/06/2004 O'Byrne

** 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.