FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |           |  |  |  |  |  |  |  |  |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average b | urden     |  |  |  |  |  |  |  |  |

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(h)                       |

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*  DIMARTINO JOSEPH S  |                                                                       |                                            |                                               |                             |                                                             | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CBIZ, Inc. [ CBZ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                         |                                     |        |                      |                                                                                                   |                 |                                                       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                      |                                                                                                 |                                                                   |                        |                                                                    |  |
| DIMA                                                          | CI IIVO J                                                             | USEPH 5                                    |                                               |                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | -                                       | •                                   |        |                      |                                                                                                   |                 |                                                       | X                                                                       | Direc                | tor                                                                                             |                                                                   | 10% C                  | wner                                                               |  |
| (Last) (First) (Middle) THE DREYFUS CORPORATION               |                                                                       |                                            |                                               |                             | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2011 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         |                                     |        |                      |                                                                                                   |                 |                                                       | Office                                                                  | er (give title<br>v) |                                                                                                 | Other below)                                                      | specify                |                                                                    |  |
| 200 PARK AVE-10TH FLOOR                                       |                                                                       |                                            |                                               | 4. If                       | If Amendment, Date of Original Filed (Month/Day/Year)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         |                                     |        |                      |                                                                                                   |                 | 6. Individual or Joint/Group Filing (Check Applicable |                                                                         |                      |                                                                                                 |                                                                   |                        |                                                                    |  |
| (Street)                                                      |                                                                       |                                            |                                               |                             |                                                             | and the state of t |         |                                         |                                     |        |                      |                                                                                                   |                 |                                                       | Line)  X Form filed by One Reporting Person                             |                      |                                                                                                 |                                                                   |                        |                                                                    |  |
| NEW YORK NY 10166                                             |                                                                       |                                            |                                               |                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         |                                     |        |                      |                                                                                                   |                 | Form filed by More than One Reporting Person          |                                                                         |                      |                                                                                                 |                                                                   | orting                 |                                                                    |  |
| (City)                                                        | (S                                                                    | tate) (                                    | (Zip)                                         |                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         |                                     |        |                      |                                                                                                   |                 |                                                       |                                                                         |                      |                                                                                                 |                                                                   |                        |                                                                    |  |
|                                                               |                                                                       | Tab                                        | le I - Non                                    | -Deriv                      | ative                                                       | Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | curitie | s Acc                                   | quired                              | , Dis  | posed o              | f, or                                                                                             | Bene            | eficia                                                | ally C                                                                  | Owne                 | ed                                                                                              |                                                                   |                        |                                                                    |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |                                                                       |                                            |                                               | Day/Year) if a              |                                                             | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | 3.<br>Transaction<br>Code (Instr.<br>8) |                                     |        |                      |                                                                                                   | 4 and S         |                                                       | Securities<br>Beneficially                                              |                      | rship<br>irect<br>direct<br>4)                                                                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                        |                                                                    |  |
|                                                               |                                                                       |                                            |                                               |                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         | Code                                | v      | Amount               |                                                                                                   | (A) or<br>(D)   | Price                                                 | . 1                                                                     | Transa               | ction(s)<br>3 and 4)                                                                            |                                                                   |                        | (111511.4)                                                         |  |
| Common Stock <sup>(1)</sup> 02/09/                            |                                                                       |                                            |                                               |                             | /2011                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         |                                     |        | 10,00                | 0                                                                                                 | A               | A \$0                                                 |                                                                         | 0 57,000             |                                                                                                 | Г                                                                 |                        |                                                                    |  |
|                                                               |                                                                       | Ta                                         | able II - D                                   |                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         | ,                                   |        | osed of,<br>onvertib |                                                                                                   |                 |                                                       | y Ow                                                                    | ned                  |                                                                                                 |                                                                   |                        |                                                                    |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date, Transact<br>Code (In: |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                         | 6. Date E<br>Expiration<br>(Month/I | on Dat |                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 | str. 3                                                |                                                                         |                      | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | n:<br>ct (D)<br>direct | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|                                                               |                                                                       |                                            |                                               |                             | Code                                                        | v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (A)     | (D)                                     | Date<br>Exercisa                    |        | Expiration<br>Date   | Title                                                                                             | or<br>Nun<br>of |                                                       |                                                                         |                      |                                                                                                 |                                                                   |                        |                                                                    |  |

## **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 at first quarter Board meeting.

Michael W. Gleespen,

Attorney-in-Fact for Joseph S. 02/11/2011

**DiMartino** 

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.