FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	hours per response:	0.5				

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

								()				j )e.									
1. Name and Address of Reporting Person*  KUNA KELLY							2. Issuer Name <b>and</b> Ticker or Trading Symbol CBIZ, Inc. CBZ									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KUNA	KELL	<u>Y</u>				1	CDIE, IIIC. [ CDE ]										Director	ctor 10%		)wner	
							O Date of Farling Transporting (Marth (Day))										Officer (give title elow)		Other (specify below)		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 04/03/2010									Treasurer					
6050 OAK TREE BLVD.						04/	U4/U3/2U1U										110	asarcı			
SUITE 500																					
50111 500						4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
					-   "	4. It Amendment, Date of Original Filed (Month Day) Teal)									Line)						
(Street)																X Form filed by One Reporting Person					
CLEVEL	LAND	OH	4	14131												Form filed by More than One Reporting					
						-											Person	ore triceri	One rep	orang	
(City)		(Sta	te) (2	Zip)																	
						<u></u>	_			<del></del>			_		<u></u>						
			Iabi	e I - Nor	1-Deriv	ative/	Se	curitie	es Acc	quirea,	DIS	posed o	ot, or	Bene	eticia	ally Ov	vnea				
1. Title of S	Security (I	nstr.	3)		2. Trans	action					3. 4. Securities Acquired (A)						Amount of		nership	7. Nature	
					Date (Month/	Dav/Yea		Execution Date, f any			Transaction Disp		sed Of (D) (Instr. 3,				curities eneficially		Form: Direct (D) or Indirect	of Indirect Beneficial	
						(, )		(Month/Day/Year)					-1			0	vned Following		(I) (Instr. 4)	Ownership	
										Code	l.,		(A) or		Di.	l Te	ported ansaction(s)			(Instr. 4)	
							V	Amount		D)	Price	(In	(Instr. 3 and 4)								
Common Stock <sup>(1)</sup> 04/03/							3/2010					206	D \$6		\$ <del>6</del> .	.59 30,838			D		
			Ta	hla II - F	) Oprivat	ive S	<b>ACI</b>	ıritide	Acau	ired D	ieno	sed of,	or B	enefi	ciall	, Own	ed.	•			
			10									onvertib				y Ovvii	cu				
1. Title of	2.	П	3. Transaction	3A. Deeme	ed	4.		5. Nu	ımber	6. Date E	xercis	sable and	7. Tit	tle and		8. Price	of 9. Number	of 10	).	11. Nature	
Derivative	Conversi	on	Date (Month/Day/Year)	Execution	Date,		Transaction Code (Instr. 8)		n of r. Derivative Securities Acquired		n Dat		Amount of Securities Underlying			Derivati			Ownership Form: Direct (D)	of Indirect	
Security (Instr. 3)	or Exerci Price of	se		if any (Month/Da							ay/Ye	ar)				Security (Instr. 5				Beneficial Ownership	
(	Derivativ	e		(		٠,								Derivative		(	Owned	01	Indirect	(Instr. 4)	
Security							(A) or Disposed of (D) (Instr. 3, 4 and 5)			Security (In and 4)				str. 3		Following Reported	(1)	(I) (Instr. 4)			
															Transaction	n(s)					
													(Instr. 4)								
									and 3)		Т		-				- 1				
														Amo			- 1				
														Nun	nber						
						Code	v	(A)	(D)	Date Expiration Exercisable Date			Title	of Title Shares							
		- 1					1	1	1 1 1		- 1						1				

## **Explanation of Responses:**

1. Surrender of stock to satisfy withholding obligation on vesting of restricted stock.

Michael W. Gleespen,

Attorney-in-Fact for Kelly

04/06/2010

<u>Kuna</u>

\*\* 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.