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 | | | | |
| | 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(b).

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 an | | 2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ] | | | | | | | | 5. Relationship of Reportir (Check all applicable) X Director | | | 10% | Owner | | | | | |
|---|---|---|---|---------|---------------|------------------------------|--|--|---------------------------------|---|--|-----------------------|--|---|------------------------|---|---|---|--|
| (Last) C/O CBI | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2016 | | | | | | | | | Offic below | , | Other below President | (specify y) | | | | |
| 6050 OAK TREE BOULEVARD SOUTH (Street) CLEVELAND OH 44131 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | | Table | e I - N | lon-Deriv | ative | Sec | uritie | s Ac | auire | d. Di | sposed o | f. or B | enefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | | ion | on 2A. Deemed Execution Date, | | | 3. 4. Securities | | | s Acquired (A) or f (D) (Instr. 3, 4 and 5) | | | 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) |
| | | Code | v | Amount | (A) or (D) | Price | | | | | Transa | ction(s) 3 and 4) | | (111501.4) | | | | | |
| Common | stock ⁽¹⁾ | 016 | 16 | | | F | | 6,198 | D | \$10 | .2 | 538, | 606.8706 | D | | | | | |
| Common | 016 | 16 | | | F | | 4,463 | D | \$10 | \$10.2 | | 143.8706 | D | | | | | | |
| Common stock ⁽²⁾ 05/16/20 | | | | | | 016 | 16 | | | P | | 57.0886 | A | \$10.3 | \$10.3039 | | 534,200.9592 | | |
| | | | Та | ble II | | | | | | | | osed of, convertib | | | | wned | | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | | | if any | ion Date, | 4. Transa Code (8) | | 5. Nu of Deriv Secu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | Expira (Monti | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- $1. \ Surrender \ of \ stock \ to \ satisfy \ withholding \ obligation \ on \ vesting \ of \ restricted \ stock$
- 2. Purchased under the Amended and Restated CBIZ 2007 Employee Stock Purchase Plan approved by Shareholders at the 2011 Annual Meeting. Cost of purchasing stock under the Plan is 15% less than FMV as defined by the Plan

Michael W. Gleespen,

Attorney-in-fact for Jerome P. 05/16/2016

Grisko, Jr.

** 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.