FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OIVID A
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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	OMB APPROVAL											
	OMB Number: 3235-028											
	Estimated average burden											
-	hours per response:	0.5										

							. ,												
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GRISKO JEROME P						<u> </u>									Dire	ctor	1	0% O	wner
(Last) (First) (Middle)						2. Data of Farlingt Transaction (Month/DayNear)								X	Offic belov	er (give title w)		ther (elow)	(specify
(Last)	•		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/16/2009										Presiden	nt and COO		
6050 OA	K TREE B	LVD.			00/	05/10/2009													
SUITE 5	00																		
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							16	6. Individual or Joint/Group Filing (Check Applicable					
(Stroot)						4. II / Williams III, Bate of Original Filed (World / Bay/ Tear)								Line)					
(Street) CLEVEI	AND O	ш.	44131											X Form filed by One Reporting Person					
CLEVEL	LAND U	П 4	44151											Form filed by More than One Reporting					
					-										Pers	son			
(City)	(S	tate) ((Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Ins	tr. 3)		2. Transac	tion									ount of		6. Ownership			
				Date (Month/Da	v/Year)	Execution Date, Year) if any			Transaction Code (Instr. 3, 4 at 8)			tr. 3, 4 and	15)	Secur Benef			Form: Direct (D) or Indirect	of Indirect Beneficial	
				(·,. · · · · · ,	(Month/Day/Year)						Owne		d Following	(I) (Instr. 4		Ownership		
								Code	l _v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
									Coue				Amount						
Common Stock ⁽¹⁾ 03/16/2				2009	009			P		87	A	\$6.74	482(1)		9,820.25	D			
		T:	hla II	- Deriva	tiva S	ACUT	itiae	Δcαι	ıirad	Dien	osed of,	or Ber	eficial	ly Ov	med				
		16	able II						,		convertib			•	viieu				
4 Title of		. T	00.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		,						_		1		0. Normalis and a			44 Notono
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Dee	emea ion Date,	4. Transa	ction	nstr. Derivative		6. Date Exercisable and Figure 2. Title Expiration Date Amoun				8. Pri		9. Number o	of 10. Owner	ship	11. Nature of Indirect	
Security	or Exercise Price of	(Month/Day/Year)	if any	´ c	Code (Instr.			(Month	h/Day/\	/ear)	Securities Underlying		Security		Securities	Form:	ω.	Beneficial
(Instr. 3)	(Month	/Day/Year)	8)	3)		Securities Acquired					/ıng ive	(Instr. 5)		Beneficially Owned	Direct or Indi		Ownership (Instr. 4)		
	Derivative Security					(A) o	r	Security			y (Instr. 3			Following	(I) (Ins	r. 4)	,		
							Dispo					and 4)				Reported Transaction(s)	(s)		
							(Instr. 3, 4								(Instr. 4)	`			
						and 5		and 5)				 		4					
													Amount						
				ļ									or Number						
Col							(A)	(D)	Date Exerci	Date Expiration Exercisable Date			of Shares						
1		1	1			V	1 ()	ı (-,				Title				1			

Explanation of Responses:

1. Purchased under CBIZ 2007 Employee Stock Purchase Plan approved by Shareholders at 2007 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. 03/17/2009

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** 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.