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

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urdon							

0.5

hours per response:

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

					_									_							
Name and Address of Reporting Person*  City David I						2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [ CBZ ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sibits David J			1	ODIE, IIIC. [ ODE ]										Direc	ector		10% O	wner			
				-									4	X	Office	er (give title v)		Other ( below)	(specify		
(Last)	(	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)										SVP, Financial Services					
6050 OAK TREE BLVD.			04/	04/08/2011									3 v F, Filialiciai Sei vices								
SUITE 500																					
JUILE	00				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable						
					.   4. 11	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)						
(Street)															X	Form	n filed by One	e Renc	ortina Pers	on	
CLEVEL	AND	OH	44131												Λ		,		Ü		
					.										Form filed by More than One Reporting Person						
(City)	,	Ctoto)	(7in)														011				
(City)	(	State)	(Zip)																		
		Tal	ole I - No	n-Deriv	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, or	Ben	eficia	ally C	)wne	ed				
1. Title of S	Security (In	str. 3)		2. Trans	action	ction 2A. Deemed 3. 4. Securities Acquired (A								5. Amo	urities For		vnership	7. Nature			
	, ,	•		Date	DaviVa	Execution Date,			Transaction Disposed Of (D) (Instr.			3, 4 a					orm: Direct D) or Indirect	of Indirect Beneficial			
(Month/l			Dayrrea	ay/Year) if any (Month/Day/Year		ay/Year)	Code (Instr.   5) )   8)								(I) (Instr. 4)	Ownership					
							,		-		100				Reported `		```	```	(Instr. 4)		
								Code	۱v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock <sup>(1)</sup> 04/08/					8/2011				F		1,307	1,307 A		\$7.	22 90,011		0,011		D		
											<u> </u>										
		7	able II - I )								sed of, onvertib				y Ow	ned					
1. Title of 2. 3. Transaction 3A. Deemed 4						4. 5. Number 6. Date Exercisable and 7. Title and							8. Price of 9. Number of 10. 11. Nature								
Derivative	Conversio	n Date	Execution		Transa		of I		Expiration Date			Amount of			Derivative Security (Instr. 5)		derivative	Ownership	of Indirect		
Security	or Exercis	e (Month/Day/Year		,,,/Voor)	Code (Instr.								urities erlying				Securities		Form:	Beneficial Ownership	
(Instr. 3) Price of Derivative Security (Month/Day/Year)					8)	5)		Securities Acquired					vative		(instr. 5)		Beneficially Owned		Direct (D) or Indirect	(Instr. 4)	
							(A) or	.					urity (In	str. 3			Following	wing (I) (Ins		, <i>,</i>	
						Disposed of (D)			and 4)						Reported Transaction(s)						
				- 1				(Instr. 3, 4									(Instr. 4)	(")			
				L		and 5)		)													
													Am	ount							
									or	nber											
								[ ],	Date	- [	Expiration		of	inei			1				
		1	1	- 1	Code	l۷	(A)	l non l	Exercisa		Date	Title	Sha	res							

## **Explanation of Responses:**

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

Michael W. Gleespen,

04/12/2011 Attorney-In-Fact for David J.

**Sibits** 

\*\* 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).

Code V

(A) (D)

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.