FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

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(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

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|--|---|--|--|-----------------------------|--|---|---|-----------------------------------|--|---|--------------------|--|-------------------------|---|---|--|--|---|---|--|--|
| 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) | | | | | | |
| <u>SPURIO CHRIS</u> | | | | 1 | <u> </u> | | | | | | | | | | Direc | ctor | | 10% O | wner | | |
| - | | | | | <u> </u> | | | | | | | | | \dashv | X | Office | er (give title | | Other (below) | specify | |
| (Last) | (F | irst) (| Middle) | | | | | t Trans | action (N | /lonth | /Day/Year) | | | | | | 'ice Preside | ont of l | , | | |
| 6050 OAK TREE BLVD. | | | | | 05/ | 05/15/2009 | | | | | | | | | | v | ice i reside | ent or i | 1 IIIaiice | | |
| SUITE 5 | nn | | | | | | | | | | | | | | | | | | | | |
| 3011E 300 | | | | 4 If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
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| (Street) | ANID | ** | 44404 | | | | | | | | | | | | X | Form | n filed by One | e Repor | rting Pers | on | |
| CLEVEL | AND O | H 4 | 14131 | | | | | | | | | | | | | Form | n filed by Mor | re than | One Repo | ortina | |
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| (City) | (5 | itate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, o | r Ber | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | Executi | | Date, | Transaction Disposed Code (Instr. | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | l and 5) Se Be Ov | | 5. Amount of Securities Beneficially Denoted by | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | - 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock ⁽¹⁾ 05/15/2 | | | | 2009 | | | | P | | 32 | A \$7. | | \$7.1 | 917 | 7 33,418.68 | | | D | | | |
| | | Ta | ıble II - | Derivati | ive S | ecur | ities | Acau | ired. D | ispo | sed of, | or E | 3enet | iciall | v Ov | vned | | | | | |
| | | | | | | | | | | | onvertib | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, Transac Code (li | | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rities ired osed . 3, 4 | 6. Date Exercisa Expiration Date (Month/Day/Year | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | J | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | vnership rm: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nu of | ımber | | | | | | | |

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 Chris

05/18/2009

<u>Spurio</u>

** 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.