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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

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

OMB APPROVAL									
OMB Number: 3235-0287									
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hours per response:	0.5								

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1. Name and Address of Reporting Person* GERARD STEVEN L						2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GERURIC STEVERY															X	Direc	ctor		10% C)wner	
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)								\dashv		Officer (give title below)			Other (specify below)		
6050 OAK TREE BLVD.				02/	02/16/2010									(Chief Exec	nief Executive Officer					
SUITE 500																					
					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															ine)	_	r: o		_		
CLEVEL	AND C)H	44131												X Form filed by One Reporting Person						
					.										Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)													Pers	on						
(City)	(,	otate)	(Ζιρ)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (In:	str. 3)		2. Transa	ction					3. 4. Securities Acquired (A)							ount of	6. Owner		7. Nature	
				Date (Month/D	av/Yea			ution Date,		Transaction Disposed (Of (D)) (Instr.	3, 4 an	and 5) Securi Benefi				Form: Direct (D) or Indirect	of Indirect Beneficial	
(WOTHINDS				uy/ Tou			h/Day/Year)	8)					Owne		d Following		(I) (Instr. 4)	Ownership			
										l			(A) or Dri		Repo		ted action(s)	l		(Instr. 4)	
					Code	V	Amount	- [(D)	D) Price		(Instr. 3 and 4)									
Common Stock ⁽¹⁾ 02/16/						2010			P		187		A	\$6.2	781	1 694,318.17		D			
		т.	shia II	Darivat	i C		viti o o	Λ	inad D	ione			201006	المنما		d		•			
		le									osed of, onvertib				y Owi	neu					
1. Title of Derivative	2. Conversion		3A. Deen Executio	n Date,	4. Transa		on of		6. Date Exercisable an Expiration Date		te	7. Title and Amount of			8. Pric	vative derivative		Ownership			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/D		Code (8)	Instr.			(Month/I	Day/Ye	ear)		Securities Underlying		Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
(Derivative Security		(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠,	٠,		Acquired				Der	Derivative		(1134.1.0)		Owned	or Inc	or Indirect	(Instr. 4)	
				(A) or Disposed						Security (Instr. 3 and 4)		3		Following Reported	(I) (In	(I) (Instr. 4)					
							of (D)					"""	unu 4)			Transaction	Transaction	(s)			
							(Instr. 3, 4 and 5)									(Instr. 4)					
				,																	
													An	nount							
			l										Nu	mber							
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of e Sh	ares							

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 Steven L. 02/17/2010

<u>Gerard</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.