FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
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 and Address of Reporting Person*  GERARD STEVEN L						2. Issuer Name <b>and</b> Ticker or Trading Symbol CENTURY BUSINESS SERVICES INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					CB	CBIZ ]									1				10% C		
(Last) (First) (Middle)															X	Offic belov	er (give title v)	e Other (specify below)			
6050 OAK TREE BLVD						3. Date of Earliest Transaction (Month/Day/Year)									Chief Executive Officer						
SUITE 500					06/	06/16/2004															
SUITES	JU				4 15	A 16 Assessment Parts of Original Filed (Marsh/P. C.)									C. Individual on Inital Consum Filling (Obserts & 17.11)						
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
CLEVELAND OH 44131															X Form filed by One Reporting Person						
															Form filed by More than One Reporting					orting	
(City)	(St	ate) (	Zip)			Person															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)							ount of		6. Ownership	7. Nature	
				Date (Month/	Day/Yea				Code (	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 a	Benefi		cially	(D) or Inc	orm: Direct D) or Indirect	of Indirect Beneficial		
						(Month/Day/Year)			8)				Repor			(I) (Instr.	(I) (Instr. 4)	Ownership (Instr. 4)			
					Code	١v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)									
Common Stock <sup>(1)</sup> 06/16									P		56.94	1	A	\$4.3		39 24,612.63		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
		10									onvertib				<i>y</i>	viica					
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deeme		4. Transactior		5. Number of		6. Date Exercisable and Expiration Date			7. Title and Amount of			8. Price of Derivative Security (Instr. 5)		9. Number o		f 10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership	
Security (Instr. 3)	or Exercise Price of		if any (Month/Da		Code (8)	Instr.	Derivative Securities		(Month/Day/Year)			Securities Underlying					Securities Beneficially				
(	Derivative   Security			.,,,			Acquired (A) or		Derivat				ctr 2		,	Owned Following	or In	or Indirect (I) (Instr. 4)	(Instr. 4)		
Security							Disposed of (D) (Instr. 3, 4 and 5)					and 4)		<b>"</b>		Reported	1				
																	Transaction (Instr. 4)	(5)			
						—		)	-				1.		-						
											or	ount									
									Date		Expiration		Nur of	Number of							
				- 1	Code	V	(A)	(D)	Exercisal	ole	Date	Title	e Sha	ıres							

## Explanation of Responses:

1. Purchased under CBIZ Stock Investment Plan by regular payroll deduction.

Michael W. Gleespen,

Attorney-in-Fact for Steven L. 06/17/2004

Gerard

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.