FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
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| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | obligations may continue. See |
| | Instruction 1/h) |

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* BURDICK RICK L | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ] | | | | | | | | | all app | nship of Reporting P Il applicable) Director | | Person(s) to Issuer 10% Owner | |
|--|--|--------|--|--|--|--------------|---|---------------------------------|--|-------|--|---|-----------------------|--------------|--------------------|---|---|---|----------------------------------|--|
| (Last) (First) (Middle) AKIN GUMP STRAUSS HAUER & FELD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2018 | | | | | | | | | | er (give title v) | | Other (specify below) | |
| 1333 NE | W HAMPS | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) WASHINGTON DC 20036 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Da | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | and 5) Secu Ben | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | (A (D | () or () | Price | Tra | | action(s) 3 and 4) | | | (1130.4) | | | | |
| Common | /2018 | | | | A | | 6,192 | A \$0.0 | | \$0.0 | 158,200 | | 58,200 | D | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Da urity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. r) 8) | | 5. Num of Derive Secun Acqui (A) or Dispo of (D) (Instr. and 5 | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nui of | mber ares | | | | | | |

Explanation of Responses:

1. Restricted Stock vesting 50% in each of the two years following date of award. Annual non-employee Director compensation grant awarded at first quarter Board meeting

Michael W. Gleespen,

Attorney-in-fact for Rick L.

Burdick

** Signature of Reporting Person Date

02/09/2018

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.