FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| IL III                                       |       |
|--|-------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB N |

|                          | OMB APPROVAL        |           |  |  |  |  |  |  |  |  |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|--|--|
|                          | 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* <u>GERARD STEVEN L</u> |  |                    |  |  |         |                          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CBIZ, Inc. [ CBZ ] |   |       |                  |                            |   |  |                |                         |   |   | hip of Reporting Pers<br>pplicable)<br>ector  |   | rson(s) to Issuer                                   |                                       |
|---|--|--------------------|--|--|---------|--------------------------|---|---|-------|------------------|----------------------------|---|--|----------------|-------------------------|---|---|---|---|---|---------------------------------------|
| (Last) (First) (Middle) C/O CBIZ, INC.                          |  |                    |  |  |         |                          | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017           |   |       |                  |                            |   |  |                |                         |   | Officer (give title below)                                    |   |   | Other (spe<br>below)                                |                                       |
| 6050 OAK TREE BOULEVARD SOUTH                                   |  |                    |  |  |         |                          | 4. If Amendment, Date of Original Filed (Month/Day/Year)              |   |       |                  |                            |   |  |                |                         | 6. Individual or Joint/Group Filing (Check Applicable                             |   |   |   |   |                                       |
| (Street) CLEVELAND OH 44131  (City) (State) (Zip)               |  |                    |  |  |         | ,                        |   |   |       |                  |                            |   |  |                |                         | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |   |   |                                       |
| . ,,  |  | `                  |  |  | n-Deriv | ative                    | Sec   | curitie   | s Acc | quired           | , Dis                      | posed o   | f, o   | r Ben          | efici                   | ally (  | Owne  | ed  |   |   |                                       |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day    |  |                    |  |  |         | Execu<br>ay/Year) if any |   | Deemed<br>ecution Date,<br>ny<br>onth/Day/Year) |       |                  |                            | ecurities Acquired (A)<br>losed Of (D) (Instr. 3, 4 |  |                | 4 and 5) Se<br>Be<br>Ov |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |   | ship<br>rect<br>lirect<br>4)                              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                                       |
|   |  |                    |  |  |         |                          |   |   |       | Code             | v                          | Amount  | (  | (A) or<br>(D)  | Price                   |   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                |   |   |   | (Instr. 4)                            |
| Common stock <sup>(1)</sup> 02/08/2                             |  |                    |  |  |         |                          | /2017   |   |       |                  |                            | 7,783   | A \$0.0  |                | \$0.0                   | 323,4   |   | 3,483.44  | D   |   |                                       |
|   |  |                    | Та   |  |         |                          |   |   |       |                  |                            | osed of,<br>onvertib                                |  |                |                         |   | vned  |   |   |   |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | 2.<br>Conversi<br>or Exerci<br>Price of<br>Derivativ<br>Security | sion<br>cise<br>ve | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Executior<br>if any<br>(Month/Da | n Date, |                          | Transaction Code (Instr.  |   | of    |                  | Exerci<br>on Dai<br>Day/Ye |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |                | nstr. 3                 | Deriv<br>Secu   | Price of<br>rivative<br>curity<br>str. 5)                     | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr. | :<br>t (D)<br>lirect                                | Beneficial<br>Ownership<br>(Instr. 4) |
|   |  |                    |  |  |         | Code                     | v   | (A)   | (D)   | Date<br>Exercisa | able                       | Expiration<br>Date                                  | Title  | or<br>Nu<br>of | nount<br>mber<br>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 Steven L. 02/10/2017

<u>Gerard</u>

\*\* 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.