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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| 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

| Name and Address of Reporting Person* SPURIO CHRIS | | | | | CE | 2. Issuer Name and Ticker or Trading Symbol CENTURY BUSINESS SERVICES INC CBIZ] | | | | | | | | | Check | all app | p of Reportin blicable) ctor er (give title | : | 10% C | |
|---|--|----|--|-------|---|--|------|--|--|--|---------------------|---|----|-------------|--|----------|---|---|--|--|
| (Last) (First) (Middle) 6050 OAK TREE BLVD SUITE 500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/18/2005 | | | | | | | | | X below) Cliff (specify below) Vice President of Finance | | | | | |
| (Street) CLEVELAND OH 44131 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ay/Year) Execution | | . Deemed ecution Date, any onth/Day/Year) | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secu | | 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) or (D) | Price | • | Transa | action(s) 3 and 4) | | | (1130.4) | | |
| Common Stock ⁽¹⁾ 04/ | | | | | 3/2005 | 5 | | | P | | 28.25 | 5 | A | \$3.54 | | 4,772.66 | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | уΟι | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date urity or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | t | | 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 Exercisal | | Expiration Date | Title | of | nber res | | | | | | |

Explanation of Responses:

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

Michael W. Gleespen,

Attorney-in-Fact for Chris

04/21/2005

Date

<u>Spurio</u>

** Signature of Reporting Person

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.