FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

3235-0287 Estimated average burden hours per response: 0.5

OMB APPROVAL

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

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1. Name and Address of Reporting Person* SPURIO CHRIS						2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) President, Financial Services						
(Last) (First) (Middle) C/O CBIZ, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/12/2021														
6050 OAK TREE BOULEVARD SOUTH						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) CLEVELAND OH 44131														Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	state)	(Zip)												Persor	ı				
		Tak	ole I - I	Non-Der	ivativ	e Sec	curit	ties A	cquir	ed, C	Disposed o	of, or B	enefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.				Exec if any	A. Deemed execution Date, any month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficially Owned Follow		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			03/12/2021		1		M ⁽¹⁾		16,287	Α	\$10.	.35 164,8		18.7359		D				
Common Stock			03/12/2	2021	1		S		16,287	D	\$33.9	96 ⁽²⁾	148,53	31.7359		D				
Common Stock			03/15/2021		1		M ⁽¹⁾		37,784	A	\$10 .	35 186,3		22.7297		D				
Common Stock		03/15/2021				S		37,784	D	\$33.49	4956 ⁽³⁾ 148,5		538.7297		D					
		-	Table						•	•	sposed of			•	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execu		4. Transa	l. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			rcisable and Date	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		unt 8	. Price of perivative security (nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	oer						
Employee Stock Option	\$10.35	03/12/2021			М			16,287	05/10/2017		05/10/2022	Commo Stock	ⁿ 16,2	87	\$0	58,713	3	D		
Employee Stock Option	\$10.35	03/15/2021			M			37,784	05/10	0/2017	05/10/2022	Commo Stock	ⁿ 37,7	84	\$0	\$0 20,929		D		
Employee Stock Option	\$15.55								05/10	0/2018	05/10/2023	Commo Stock	ⁿ 75,0	00		75,000		D		
Employee Stock Option	\$19.45								05/09	9/2019	05/09/2024	Commo Stock		00		75,000		D		

Explanation of Responses:

- $1. \ Consists of Options \ granted \ 05/10/2016, \ vesting \ in \ 25\% \ increments \ each \ year \ beginning \ 05/10/2017, \ and \ expiring \ on \ 05/10/2022.$
- 2. Weighted average sale price of price range between \$33.78 and \$34.12. Will provide upon request number of shares sold at each separate price.
- 3. Weighted average sale price of price range between \$33.25 and \$33.83. Will provide upon request number of shares sold at each separate price.

Michael W. Gleespen, attorneyin-fact for Chris Spurio

** 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.