FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Kouzelos Michael P</u>						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				
(Last) (First) (Middle) C/O CBIZ, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/09/2018								X Officer (give title Other (specify below) President, Employee Services				
6050 OAK TREE BOULEVARD SOUTH						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) CLEVELAND OH 44131														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5	State)	(Zip)											1 01301				
		Tak	ole I - N	on-Deri	vativ	e Sec	curities	s Ac	quire	d, Di	sposed o	f, or Be	neficia	lly Owned	ł			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Exe) if ar	ıy	ution Date,		ction Instr.		Acquired (A) or f (D) (Instr. 3, 4 and !		Benefic	es ially Following	Form: Dir	or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(111501.4)
Common stock ⁽¹⁾ 05/09/20						18		A		25,000	A	\$0.000) ⁽²⁾ 29	1,573	D			
			Table II								posed of, convertil			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deer Execution if any (Month/E		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own For Dire or I (I) (nership m: ect (D) ndirect nstr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option ⁽³⁾	\$19.45	05/09/2018			A		72,000		05/09/	2019	05/09/2024	Common stock	72,000	\$0.0000 ⁽⁴⁾	72,000)	D	
Employee Stock Option	\$6.52								05/09/	2014	05/09/2019	Common stock	70,000		70,000		D	
Employee Stock Option	\$8.36								05/14/	2015	05/14/2020	Common stock	70,000		70,000		D	
Employee Stock Option	\$9.35								05/15/	2016	05/15/2021	Common stock	72,000		72,000)	D	
Employee Stock Option	\$10.35								05/10/	2017	05/10/2022	Common stock	72,000		72,000		D	
Employee												Common	72,000					

Explanation of Responses:

Option

- 1. Consists of restricted shares issued under the CBIZ, Inc. 2014 Stock Incentive Plan. Restrictions lapse with respect to 25% of the granted restricted shares on each of the first, second, third and fourth anniversaries of the grant date, provided grantee is still providing services to CBIZ on such vesting dates, and grantee has complied with the applicable CBIZ client non-interference policy.
- 2. No consideration was provided for this grant.
- 3. Consists of Options granted on 05/09/2018 vesting in 25% increments each year beginning 05/09/2019 and expiring on 05/09/2024.
- 4. Options priced at closing NYSE price of \$19.45 on 05/09/2018.

Michael W. Gleespen, Attorney-in-Fact for Michael P. 05/11/2018 Kouzelos

** 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.