FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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											
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. CBZ									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
O BYRNE ROBERT																	Direc	ctor	10	% O۱	wner		
							2. Data of Earlight Transpostion (Month/Day/Voor)										Officer (give title below)			Other (specify below)			
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007									Senior Vice President							
6050 OAK TREE BLVD.						03/	03/01/2007																
SUITE 500																							
						_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Li	ine)	_						
CLEVELAND OH 44131														X Form filed by One Reporting Person									
															Form filed by More than One Reporting Person								
(City)		(Stat	te) (2	Zip)																			
			Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired	, Dis	posed o	f, oı	r Ben	eficia	ally (Owne	ed					
1. Title of S	Security (II	nstr.	3)		2. Transa	action					3. 4. Securities Acquired (A)							ount of	6. Ownersh		7. Nature		
					Date (Month/D)av/Yea		Execution Date, if any		Transaction Dis		Disposed	Disposed Of (D) (Instr. 3, 4		3, 4 an			ities icially	Form: Direction (D) or Indirection		of Indirect Beneficial		
					((Month/Day/Year)								Ow		d Following	(I) (Instr. 4)		Ownership (Instr. 4)			
									Code	v	V Amount		(A) or (D)		rice .		Reported Transaction(s)						
										Coue	Ľ	Amount	((D) File		(Instr.		3 and 4)					
Common Stock ⁽¹⁾ 03/01/2							2007			P		14.47		A \$6.9		086 422		2,010.58	D				
			Ta	ble II - I	Derivat	ive S	ecu	rities	Acau	ired. D	oispo	osed of,	or B	Benef	iciall [,]	v Ov	vned		j				
												onvertib											
1. Title of Derivative	2. Conversion		3. Transaction Date	3A. Deem		4. Transa	ction			6. Date E	sable and te	7. Title and Amount of			8. Price of Derivative		9. Number o	of 10. Owners		11. Nature of Indirect Beneficial Ownership			
Security (Instr. 3)	or Exercise Price of	se	(Month/Day/Year)	if any			Code (Instr. 8)		r. Derivative Securities Acquired		Day/Ye						ecurity	Securities Beneficially	Form: Direct (I		". I		
(IIISII. 3)	Derivative	,		(WIOTILITIE)		0)								Underlying Derivative		(Instr. 5)		Owned	or Indire		(Instr. 4)		
Security							(A) or Disposed of (D)		Security (Inst and 4)				ıstr. 3	3		Following Reported	(I) (Instr	(I) (Instr. 4)					
						٦,										Transaction	(s)						
							(Instr. 3, 4 and 5)									(Instr. 4)							
								+	\vdash				_		ount								
														or									
										Date		Expiration		Nu of	mber								
					Code	v	(A)	(D)	Exercisa	able	Date	Title		ares									

Explanation of Responses:

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

Michael W. Gleespen, Attorney-In-Fact for Robert A. 03/05/2007 O'Byrne

** 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.