Edgar Filing: CBIZ, Inc. - Form 4

CBIZ, Inc.												
Form 4												
May 15, 201	4											
FORM	А									PPROVAL		
	UNITE	ED STATE		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check th									Expires:	January 31,		
subject to	subject to STATEMENT OF CHANG				SES IN BENEFICIAL OWNERSHIP O				Estimated average			
Section 1				SECUR	ITIES				burden hours per			
Form 4 c									response	. 0.5		
Form 5 obligatio	m o *	•					-	ge Act of 1934,				
may cont	Section			•	•	- ·		f 1935 or Section	n			
See Instr	uction	30(h) of the In	vestment	Compan	y Ac	t of 194	40				
1(b).												
(Print or Type l	Responses)											
(I fint of Type I	(tesponses)											
1. Name and A	Address of Report	ing Person *	2 Issuer	Name and	Ticker or	Tradir	ıσ	5. Relationship of	Reporting Pers	son(s) to		
GRISKO JE		2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ]				Issuer	1 0					
	•											
(Last) (First) (Middle)				3. Date of Earliest Transaction					(Check all applicable)			
(Last)	(First)	(windule)			ansaction			Director	100	Owner		
6050 OAK TREE BLVD., SUITE				(Month/Day/Year) 05/13/2014				Diffector X Officer (give				
500		,	03/13/20	511				below)	below)			
									ident and COO			
(Street)				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	Filed(Mon	th/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person						
CI EVEL AI	ND, OH 44131	1						Form filed by N	1 0			
CLEVELA	ND, 011 4413	L						Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	· ·	ation Date, if Transaction(A) or Disposed of				Securities	Form: Direct	Indirect			
(Instr. 3)		any (Month	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(infolitio	(Duy) (Cur)	(11341.0)	(1150. 5,	i una	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock ⁽¹⁾	05/13/2014			F	2,637	D	\$ 8 53	406,113.81	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GRISKO JEROME P 6050 OAK TREE BLVD. SUITE 500 CLEVELAND, OH 44131			President ar	nd COO				
Signatures								
Michael W. Gleespen, Attorney Grisko		05/15/2014						
<u>**</u> Signature of Report		Date						

Explanation of Responses:

* 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).

(1) Surrender of stock to satisfy withholding obligation on vesting of restricted stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.