## Edgar Filing: GLEESPEN MICHAEL W - Form 4

GLEESPEN	MICHAEL W											
Form 4												
April 16, 200	09											
FORM	14								OMB AF	PROVAL		
	UNITED	Washington, D.C. 20549								3235-0287		
Check th if no long subject to Section 1 Form 4 o	ser <b>STATEN</b> 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										
Form 5 obligatio may cont See Instru 1(b).	ns Section 170	response 0.8 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type I	Responses)											
			2. Issuer Name <b>and</b> Ticker or Trading Symbol CBIZ, Inc. [CBZ]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (	Middle)	3. Date of Earliest Transaction					(Check	x an applicable)			
			(Month/Day/Year) 04/15/2009					Director 10% Owner X_ Officer (give title Other (specify below) below) Corporate Secretary				
	(Street)				nendment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
CLEVELA	ND, OH 44131							Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ned3.4. Securities Acquiredn Date, ifTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)				d of (D)	5. Amount of Securities Beneficially Owned Following Reported	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 \$	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock (1)	04/15/2009			Р	32	А	( <u>1</u> )	32,165.8	D			
Common Stock (2)	04/15/2009			F	349	D	\$ 7.31 (2)	31,816.8	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.

## Edgar Filing: GLEESPEN MICHAEL W - Form 4

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

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

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
GLEESPEN MICHAEL W							
6050 OAK TREE BLVD.		Corporate					
SUITE 500			Secretary				
CLEVELAND, OH 44131							
Signatures							
Michael W							

Gleespen <u>\*\*</u>Signature of Date

Signature of Reporting Person

## **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) Purchased under CBIZ 2007 Employee Stock Purchase Plan approved by Shareholders at 2007 Annual Meeting. Cost of purchasing stock under the Plan is 15% less than FMV as defined by the Plan.
- (2) 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.