CBIZ, Inc. Form 4 February 25, 2015

FORM 4

Check this box

if no longer

subject to

Section 16.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Number:

Expires:

January 31,

2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

OMB APPROVAL

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

02/25/2015

Stock

See Instruction

1. Name and Address of Reporting Person * HUDSON SHERRILL W			2. Issuer Name and Ticker or Trading Symbol					0	5. Relationship of Reporting Person(s) to Issuer			
			CBIZ, Inc. [CBZ]						(Check all applicable)			
(Last)	(First)	Middle)	3. Date of	f Earliest	Tran	saction						
			(Month/Day/Year)						_X_ Director		Owner	
6050 OAK ' 500	TREE BLVD., S	UITE	02/25/2	015					Officer (give below)	title Other below)	r (specify	
(Street)			4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person			
CLEVELA	ND, OH 44131								Form filed by M Person	fore than One Rep	porting	
(City)	(State)	(Zip)	Tabl	e I - Non	ı-Der	rivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of	2. Transaction Date	e 2A. Deem	ned	3.	4	l. Securiti	es Aco	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if	Transac	tion(A) or Dis	posed	of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any		Code	(]	Instr. 3, 4	and 5)	Beneficially	Form: Direct	Beneficial	
		(Month/D	ay/Year)	(Instr. 8	3)				Owned	(D) or	Ownership	
									Following	Indirect (I)	(Instr. 4)	
							(A)		Reported	(Instr. 4)		
							or		Transaction(s)			
				Code '	V A	Amount	(D)	Price	(Instr. 3 and 4)			
Common	00/07/00/			_				\$		_		

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

P

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

21,793

8.936

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

10,000 A

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1. Title of	2.	3. Transaction Date	3A Deemed	4.	5.	6. Date Exerc	cicable and	7 Tit	le and	8. Price of	9. Nu
	- -										
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction		Expiration D			unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired			Ì	,		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIIsti
					4, and 5)						
									Amount		
									or		
						Date	Expiration	T. 1			
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
•	Director	10% Owner	Officer	Other				
HUDSON SHERRILL W 6050 OAK TREE BLVD. SUITE 500 CLEVELAND, OH 44131	X							

Signatures

Michael W. Gleespen, Attorney-In-Fact for Sherrill W. Hudson 02/25/2015

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

**Signature of Reporting Person

** 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. 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.

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