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GLEESPEN	MICHAEL W											
Form 4												
May 10, 2013	3											
FORM	4		~~~~~							OMB APPROVAL		
	UNITED	STATES				ND EXC .C. 2054		GE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31, 2005 Estimated average burden hours per				
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed purs	a) of the F		lity Ho	oldi	ng Comp	any A	Act of	e Act of 1934, 1935 or Sectior 0	response	0.5	
(Print or Type R	Responses)											
			2. Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 6050 OAK TREE BLVD., SUITE 500			3. Date of Earliest Transaction(Month/Day/Year)05/09/2013						Director 10% Owner XOfficer (give title Other (specify below) below) Corporate Secretary			
	(Street) 4. If Amendment, Date Original 6. Individual or Join Filed(Month/Day/Year) Applicable Line) _X_ Form filed by Or				int/Group Filing(Check ne Reporting Person							
CLEVELAN	ND, OH 44131								Form filed by M Person	ore than One Re	porting	
(City)	(State)	Zip)	Table	I - Non-	-De	rivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med on Date, if Day/Year)	3. Transac Code (Instr. 8 Code	8)	4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Restricted Stock (1)	05/09/2013			A	v	12,000	(D) A	\$ 0 (2)	76,104	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)

1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 2. 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date Underlying Securities** Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4) Price of (Month/Day/Year) (Instr. 3) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amount Expiration Date or Title Exercisable Date Number Code V (A) (D) of Shares Employee Common 05/09/2014 05/09/2019 Stock \$ 6.52 05/09/2013 A 36,000 36,000 Stock Option (3)

Reporting Owners

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

Signatures

Michael W. 05/10/2013 Gleespen

**Signature of Reporting Person

(1)

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).

Consists of restricted shares issued under the CBIZ, Inc. Amended and Restated 2002 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 Option granted 05/09/2013, vesting in 25% increments each year beginning 05/09/2014, and expiring on 05/09/2019

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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