

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person* <u>Kouzelos Michael P</u> _____ (Last) (First) (Middle) <u>C/O CBIZ, INC.</u> <u>6050 OAK TREE BOULEVARD SOUTH</u> _____ (Street) <u>CLEVELAND OH 44131</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>CBIZ, Inc. [ CBZ ]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) _____ Other (specify below) _____ <input checked="" type="checkbox"/> <u>President, Employee Services</u>		
			3. Date of Earliest Transaction (Month/Day/Year) <u>03/15/2022</u>					
			4. If Amendment, Date of Original Filed (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	03/15/2022		M		19,730	A	\$15.55	292,705	D	
Common Stock	03/15/2022		S		19,730	D	\$39.9966 <sup>(1)</sup>	272,975	D	
Common Stock	03/16/2022		M		9,200	A	\$15.55	282,175	D	
Common Stock	03/16/2022		S		9,200	D	\$40.2016 <sup>(2)</sup>	272,975	D	

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Employee Stock Option	\$15.55	03/15/2022		M <sup>(3)</sup>			19,730	05/10/2018	05/10/2023	Common Stock	19,730	\$0	9,200	D	
Employee Stock Option	\$15.55	03/16/2022		M <sup>(3)</sup>			9,200	05/10/2018	05/10/2023	Common Stock	9,200	\$0	0	D	

**Explanation of Responses:**

1. Weighted average sale price of price range between \$39.63 and \$40.25. Will provide upon request number of shares sold at each separate price.
2. Weighted average sale price of price range between \$40.01 and \$40.48. Will provide upon request number of shares sold at each separate price.
3. Consists of Options granted on 5/10/2017 vesting in 25% increments each year beginning 05/10/2018 and expiring on 05/10/2023.

/s/ Michael W Gleespen,  
attorney-in-fact for Michael P Kouzelos 03/17/2022

\*\* 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.