FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average bure	den										
haura nar raananaa.	٥٦										

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

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

1. Name and Address of Reporting Person* <u>GLEESPEN MICHAEL W</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CENTURY BUSINESS SERVICES INC  CBIZ ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 6050 OAK TREE BLVD SUITE 500						3. Date of Earliest Transaction (Month/Day/Year) 04/15/2005									X Officer (give title Other (specify below)  Corporate Secretary					
(Street) CLEVELAND OH 44131 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - Nor	n-Deriv	vativ	e Se	curitie	s Acc	quired, [	Disp	osed c	f, or B	ene	ficially	/ Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution D		n Date,	Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			5. Amour Securitie Beneficia Owned F Reported	es Fo ially (D Following (I)		: Direct   I · Indirect   I str. 4)   (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) (D)	or	Price	Transacti	on(s)		`	58. 4)				
Common Stock <sup>(1)</sup> 04/15/							/2005		A		3,00	3,000 A		<b>\$0</b> <sup>(2)</sup>	6,83	6,834.53		D		
			Table II - I						ired, Di options						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code ( 8)		of		6. Date Exe Expiration I Month/Day	Date		le and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration ate	Title	OI Ni Of	umber						
Employee Stock Options <sup>(3)</sup>	\$3.45	04/15/2005			A		10,000		04/15/2006	04	1/15/2011	Employe Stock Options	11	0,000	\$3.45	21,000	)	D		

## Explanation of Responses:

- 1. Consists of restricted shares issued under the Century Business Services, Inc. Amended and Restated 2002 Stock Incentive Plan. Restrictions lapse with respect to 1/3 of the granted restricted shares on each of the third, forth and fifth anniversaries of the grant date, providing 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 the grant of the restricted stock securities.
- $3.\ Consists\ of\ Options\ granted\ 04/15/2005,\ vesting\ in\ 20\%\ increments\ each\ year\ beginning\ 04/15/2006,\ and\ expiring\ on\ 04/15/2011.$

Michael W. Gleespen 04/19/2005

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.