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 burden										
hours per response:	0.5									

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

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1. Name and Address of Reporting Person* GROVE WARE H (Last) (First) (Middle) C/O CBIZ, INC. 6050 OAK TREE BOULEVARD SOUTH					2. Is CI	Issuer Name and Ticker or Trading Symbol CBIZ, Inc. [CBZ] Date of Earliest Transaction (Month/Day/Year) 09/02/2020										heck all	onship of Reporting Il applicable) Director Officer (give title		g Person(s) to Issue 10% Owne Other (spe		wner		
																	elow)		below)				
					4. 11	If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable						
(Street) CLEVELAND OH 44131					wonderen, bace of original Filed (worlds/bay/Teal)										Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip)																							
		Tab	le I - Nor	n-Deriv	ative	Se	curiti	es A	cqui	ired, [Disp	osed o	of, or	Ben	eficia	lly O	vnec	i					
1. Title of Security (Instr. 3) 2. Transc Date (Month/L) Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		tion istr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)		(A) or . 3, 4 an	d Se Be	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									ſ	Code	v	Amount		(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 09/02						/2020				S		6,00	0	D	\$24.	.8 24.		,076		D			
	1.			(e.g., p	uts,		s, wai	rrant	s, o	ptions	s, c	onverti	bles	ecur	ities)						1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr 8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	Deriv Secu	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisable		epiration ate	Title	N O	mount r lumber f hares								
Employee Stock Option ⁽¹⁾	\$10.35								05/1	10/2017	05	5/10/2022	Comi		75,000			75,000)	D			
Employee Stock Option ⁽²⁾	\$15.55								05/1	10/2018	05	5/10/2023	Comi		75,000			75,000)	D			
Employee Stock Option ⁽³⁾	\$19.45								05/0	09/2019	05	5/09/2024	Comi		75,000			75,000)	D			
Restricted Stock Units	\$0								03/2	20/2020	03	5/20/2022	Comi		21,051			21,051	!	D			
Restricted Stock	\$0								02/2	27/2021	02	2/27/2023	Comi		5,691			15,691		D			

Explanation of Responses:

- 1. Consists of Options granted 05/10/2015, vesting in 25% increments each year beginning 05/10/2017, and expiring on 05/10/2022.
- $2. Consists of Options granted of 5/10/2017 \ vesting in 25\% \ increments each year beginning 05/10/2018 \ and expiring on 05/10/2023.$
- $3.\ Consists\ of\ Options\ granted\ on\ 05/09/2018\ vesting\ in\ 25\%\ increments\ each\ year\ beginning\ 05/09/2019\ and\ expiring\ on\ 05/09/2024.$

Michael W. Gleespent,

Attorney-In-Fact for Ware H.

09/03/2020

Grove

** 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.