

CBIZ, Inc.  
Form 3  
May 05, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Kouzelos Michael P		(Month/Day/Year)	CBIZ, Inc. [CBZ]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		05/01/2015		
6050 OAK TREE BLVD., SUITE 500			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
CLEVELAND, OH 44131			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			President, Employee Services	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	186,405	D	

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Employee Stock Option <u>(1)</u>	05/13/2011	05/13/2016	Common Stock 70,000 \$ 6.75	D Â
Employee Stock Option <u>(2)</u>	04/04/2012	04/04/2017	Common Stock 70,000 \$ 7.41	D Â
Employee Stock Option <u>(3)</u>	05/22/2013	05/22/2018	Common Stock 70,000 \$ 5.87	D Â
Employee Stock Option <u>(4)</u>	05/09/2014	05/09/2019	Common Stock 70,000 \$ 6.52	D Â
Employee Stock Option <u>(5)</u>	05/14/2015	05/14/2020	Common Stock 70,000 \$ 8.36	D Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kouzelos Michael P 6050 OAK TREE BLVD. SUITE 500 CLEVELAND, OH 44131	Â	Â	Â President, Employee Services	Â

## Signatures

Michael W. Gleespen, Attorney-In-Fact for Michael P. Kouzelos 05/05/2015

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) Annual equity compensation award granted on 5-13-2010, vesting 25% of the original award in each of the four anniversaries following the grant date.
- (2) Annual equity compensation award granted on 4-4-2011, vesting 25% of the original award in each of the four anniversaries following the grant date.
- (3) Annual equity compensation award granted on 5-22-2012, vesting 25% of the original award in each of the four anniversaries following the grant date.
- (4) Annual equity compensation award granted on 5-9-2013, vesting 25% in each of the four anniversaries following the grant date.
- (5) Annual equity compensation award granted on 5-14-2014, vesting 25% in each of the four anniversaries following the grant date.

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**Remarks:**  
 Mr.Â KouzelosÂ wasÂ appointedÂ President,Â EmployeeÂ ServicesÂ onÂ MayÂ 1,Â 2015

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.