## Edgar Filing: FERRILL HARVE A - Form 4

FERRILL H	ARVE A											
Form 4												
June 07, 200	6											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION						OMB AF	PROVAL				
UNITED STATES SECURITIES AND EX Washington, D.C. 2								OMB Number:	3235-0287			
Check th if no long subject to Section 1 Form 4 o	ser <b>STATE</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires:January 31, 2005Estimated averageburden hours per response0.5		
Form 5 obligations may continue. See Instruction 1(b). 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							0.0					
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> FERRILL HARVE A			2. Issuer Name <b>and</b> Ticker or Trading Symbol CBIZ, Inc. [CBIZ]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ransaction			(Chech	x an applicable	)		
1300 N. LAKE SHORE DRIVE, 28D			(Month/Day/Year) 06/05/2006					XDirector10% Owner Officer (give titleOther (specify below)below)				
	(Street)			ndment, Da 1th/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by C		-		
CHICAGO,	IL 60610							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	v Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemo Execution any (Month/Da			ned n Date, if	ed 3. 4. Securities Acquired Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)	× ,			
Common Stock (1)	06/05/2006			М	29,100	А	\$ 1.531	59,600	D			
Common Stock	06/05/2006			S	29,100	D	\$8	20,500	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.

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 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. Transactio Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options (1)	\$ 1.531	06/05/2006		М	29,100	03/07/2002	03/07/2007	Common Stock	29,100

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
FERRILL HARVE A 1300 N. LAKE SHORE DRIVE, 28D CHICAGO, IL 60610	Х						
Signatures							
Michael W. Gleespen, Attorney-in-Fact Ferrill	06/07/2006						
<u>**</u> Signature of Reporting Person	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).
- (1) Exercise of option granted 3-7-01 and expiring on 3-7-07.

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.