

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

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: January 31, 2008 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN 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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
EZRILOV ROBERT					C H ROBINSON WORLDWIDE INC [CHRW]										_ X Direc	ctor	10%	Owner		
(Last)	(First)	(1	Middle)		3. Date of Earliest Transaction (MM/DD/YYYY) Officer (g						give title t	ive title below) Other (specify								
14701 CHARI	LSON F	ROAI)					5	/6	/200	8									
(Street)													ed		6. Individual or Joint/Group Filing (Check Applicable Line)					
EDEN PRAIF	RIE, MN	N 553	47																	
(City) (State) (Zip)					_ X _ Form filed by One Reporting Form filed by More than One R															
		Tabl	e I - Non	-Der	iva	tive So	ecur	rities A	cq	quire	d, D	ispo	sed of, o	or Be	eneficially	Owned				
1.Title of Security 2				2. Ti Date		Deem Execu	Deemed Execution Date, if		8) (A) or		curities Acquir Disposed of (A)		of (D) Fol (Ins	lowing	unt of Securities Beneficially Owned ing Reported Transaction(s) and 4)			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amou	o		Price					(I) (Instr. 4)		
Common Stock					/2008		S		20000	11		5.007	80582			D				
Common Stock														3000				Family Foundation		
Tab	le II - De	rivativ	e Securi	ties B	Ben	eficial	ly C	Owned	(e	2.g.,	puts	, cal	ls, warr	ants	, options,	convert	ible secu	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans.	3A. Deemed Execution Date, if any	4. Trar Code (Instr.	ns. 8)	Derivative		or (D)	6. Date Exer Expiration I Date Exercisable		rcisable and Date		7. Title at Securities Derivativ (Instr. 3 a	nd Am s Unde ve Secu	ount of erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form of Derivative y Security: Direct (D) or Indirect (I) (Instr.	(Instr. 4)	
				Code	v	(A)	(I	Ex					Title		ount or aber of res					
Director Option (Right to Buy)	\$6.2969							2/1	5/1	1999	2/14/	2009	Commor Stock	1	12000		12000	D		
Director Option (Right to Buy)	\$10.1719							1/3	1/31/2000		1/30/2010		Commor Stock	1	12000		12000	D		
Director Option (Right to Buy)	\$14.00							2/	2/1/2001		1/31/2011		Commor Stock	1	6000		6000	D		
Director Option (Right to Buy)	\$14.625							2/1	2/15/2002		2/14/2012		Commor Stock	1	6000		6000	D		
Director Option (Right to Buy)	\$14.82							2/	2/7/2003		2/6/2013		Commor Stock	1	10000		10000	D		
Phantom Stock (Director Units)	(1)								(2)		12/31/2010		Commor Stock	1	673		673	D		
Phantom Stock (Director Units)	(1)								(3)		/2011 (3)	Commor Stock	1	553		553	D		

- (1) 1-for-1
- (2) Vests over 5 years beginning 2006, based on financial performance of the Company.
- (3) Vests over 5 years beginning 2007, based on financial performance of the Company.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% O	wner	Officer	Other			
EZRILOV ROBERT								
14701 CHARLSON ROAD	X							
EDEN PRAIRIE, MN 55347								

Signatures

/s/ Troy Renner, Attorney in Fact for Robert Ezrilov 5/8/2008

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 control number.

^{**} Signature of Reporting Person