

[] 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

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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.										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Roloff ReBecca Koenig					C H ROBINSON WORLDWIDE INC [CHRW]								X Dire	X Director 10% Owner					
(Last)	(First)	(Mid	dle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)						DD/YYYY	Office below)	Officer (give title below) Other (specify below)						
14701 CHAR	LSON R	ROAD						3/31	/2	008									
(Street)														6. Individual or Joint/Group Filing (Check Applicable Line)					
EDEN PRAIF	RIE, MN	N 55347	7										Y Form f	led by One	Paparting Pa	con			
(City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table I	- Non-I	Deriv	ati	ive Secu	uritio	es Acq	uir	red, Di	spo	sed of, o	or Beneficiall	y Owned					
1.Title of Security (Instr. 3)					ins.	2A. Deeme Execut Date, i	ed (3. Trans. Code (Instr. 8)		4. Securities Acquired (A) Disposed of (I (Instr. 3, 4 and		or Foll (Ins		nt of Securities Beneficially Owned ag Reported Transaction(s) and 4)			7. Nature of Indirect Beneficial Ownership		
				any		Code	v	Amount	(A) or (D)	Price					(Instr. 4)				
Common Stock														0					
Tah	le II - Dei	rivative '	Securiti	oc Ro	ne	ficially	Own	ned (ø	σ	nute	cal	le warr	ants, options	convert	ible secur	ities)			
1. Title of Derivate Security (Instr. 3)	2.	3. Trans.	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration		ercisable and		7. Title an	d Amount of Underlying Security		9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	V	(A)	(D)	Date Exercis	sable	Expirate Date	tion	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)			
Phantom Stock (Director Units)	(1)							(2))	(2)	Common Stock	321		5566	D			
Phantom Stock (Director Units)	(1)							(3))	12/31/2		Common Stock	673		673	D			
Phantom Stock (Director Units)	(1)							(4))	12/31/2		Common Stock	553		553	D			
Phantom Stock (Director Units)	(1)							(2))	(2)	Common Stock	311		311	D			
Phantom Stock (Director Units)	(1)							(2))	(2)	Common Stock	312		312	D			
Phantom Stock (Director)	(1)	3/31/2008		A		310		(2))	(2)	Common stock	310	\$54.4	310	D			

Explanation of Responses:

- (1) 1-for-1
- (2) Issued as Direction compensation, upon board termination, the shares of phantom stock become payable in common stock in accordance with the election of the reporting person.
- (3) Vests over 5 years beginning in 2006, based on financial performance of the Company.

(4) Vests over 5 years beginning in 2007, based on financial performance of the Company.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other			
Roloff ReBecca Koenig								
14701 CHARLSON ROAD	X							
EDEN PRAIRIE, MN 55347								

Signatures

s/Troy Renner, Attorney in fact for ReBecca Roloff 4/1/2008 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