

[] 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**

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OMB APPROVAL

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. Is	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					C H ROBINSON WORLDWIDE INC [CHRW]								DE		Director 10% Owner			wner	
(Last) (First) (Middle)				3. D	3. Date of Earliest Transaction (MM/DD/YYYY)								bel	X Officer (give title below) Other (specify below) Senior Vice President					
14701 CHARLSON ROAD					11/15/2010								50	11101 11	icc i i csic	ıcııı			
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)										6. Individual or Joint/Group Filing (Check Applicable Line)				
EDEN PRAIF	RIE, MN	N 55347																	
(City)	(State)	(Zip)												d by One Reporting Person by More than One Reporting Person					
		Table I	- Non-I	Derivati	ive	Securi	ities	Ac	guir	ed, l	Disp	osec	d of, o	or Ben	eficiall	y Owned	l		
1.Title of Security (Instr. 3)		2. Trans. Date		2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. S (A) (D)				quired 5. Amor Followi (Instr. 3		mount of Securities Beneficially Owned owing Reported Transaction(s) r. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						Cod	de	V An	nount	(A) or (D)	Pric	e				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock															123	650 ⁽²⁾		I	By Rabbi Trust
Common Stock			11/15/201	15/2010		M	1	18	814	A	\$61.7	61.77		282843 (1)			D		
Common Stock			11/15/2010			s	S 1814 D \$		\$71.2	29	2810		029 (1)		D				
Tab	le II - Dei	rivative S	Securitio	es Bene	fic	ially O	wne	d (e.g. ,	, put	ts, c	alls,	warr	ants,	options	, convert	tible secur	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. Trans. Code (Instr. 8)	5. Number Derivative Securities Acquired (A or Disposed (D) (Instr. 3, 4 a 5)		of 6. Date Exercisable and Expiration Date A) 1 of				Sec De	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		(Instr. 5) S	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	7 (A	(A) (D)	l ī	Date Exercisable			Expiration Date		le	1	mount or umber of nares		Transaction (s) (Instr. 4)	4)	
Stock Option (Right to Buy)	\$61.77	11/15/2010		М		1814		5/3/	2010	2/1	/2011		mmon tock	1	814	\$0.00	000	D	
Stock Option (Right to Buy)	\$61.77							5/3/2010		2/1	2/15/2012		mmon tock				3162	D	
Stock Option (Right to Buy)	\$61.77							5/3/	2010	2/7	/2013		mmon tock	1	619		1619	D	

Explanation of Responses:

- (1) Includes shares held in the employee stock purchase plan as of a statement dated March 31, 2009.
- (2) Total number of shares includes shares vesting based on performance criteria.

Reporting Owners

Denomina Orana Nama / Adduses	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				

BUTTS JAMES		
14701 CHARLSON ROAD	Senior Vice President	
EDEN PRAIRIE, MN 55347		

Signatures

/s/ Troy Renner, Attorney in Fact for James E. Butts 11/17/2010 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