

[] 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)				
LEMKE JAMES					C H ROBINSON WORLDWIDE INC [CHRW]									Directo	or	_	10% Ov	wner	
(Last)	(First)	(1)	Middle)		3. Date of Earliest Transaction (MM/DD/YYYY)							/DD/Y	below)	X Officer (give title below) Other (specify low)					
14701 CHAR	LSON F	ROAI)					11/5	5/2	2009				vice ries	iueni				
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)										6. Individual or Joint/Group Filing (Check Applicable Line)				
EDEN PRAII	RIE, MN	N 553	47											V Form fi	led by One	Panorting Pa	con		
(City) (State) (Zip)															X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Non	-Deri	vat	ive S	ecurit	ties Acc	μui	red, I	Dispo	sed	of, o	r Beneficially	y Owned				
1.Title of Security (Instr. 3)					rans	Deemed Execution Date, if		3. Trans. Code (Instr. 8)		4. Securities Acquired (A) Disposed of (I (Instr. 3, 4 and		(D)	Follo		ount of Securities Beneficially Owned ing Reported Transaction(s) 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						any	7	Code	V	Amou	(A) or ount (D) Price								
Common Stock				11/	1/5/2009			A		10360	A ¢0		118874			I	By Rabbi Trust		
Common Stock					146607 (1)							D							
Tal	de II - De	rivativ	e Securi	ties R	ene	oficia	lly Ov	wned (, α	nut	e ca	lle v	warre	ants, options	convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans.	3A. Deemed Execution Date, if any	4. Tran Code	4. Trans. 5 Code I Instr. 8) S		aber of tive ies ed (A) o ed of (D 3, 4 and	6. Da and E	te E	Exercisa	ercisable tion Date		Fitle and	d Amount of Underlying Security	8. Price of Derivative	9. Number of derivative Securities Beneficially Owned	10. Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	Date Exercisable D		oiration e	¹ Titl	le	Amount or Number of Shares		Following Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)		
Option (Right to Buy)	\$14.00								(2)	2/1	/2011		mmon tock	7868		7868	D		
Option (Right to Buy)	\$14.00								(2)	2/1	/2011		mmon tock	132		132	D		
Option (Right to Buy)	\$14.625								(2)	2/1	5/2012		mmon tock	6444		6444	D		
Option (Right to Buy)	\$14.625								(2)		2/15/2012		mmon tock	3556		3556	D		
Option (Right to Buy)	\$14.82								(2)	2/7	/2013		mmon tock	13416		13416	D		
Option (Right to Buy)	\$14.82								(2)	2/7	/2013		mmon tock	16584		16584	D		

Explanation of Responses:

- (1) Includes shares held in the employee stock purchase plan as of a statement dated 3/31/2009.
- (2) Currently 100% vested.
- (3) The shares granted are available to vest over five years beginning in 2010, based on the financial performance of the Company.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other			
LEMKE JAMES								
14701 CHARLSON ROAD				Vice President				
EDEN PRAIRIE, MN 55347								

Signatures

/s/ Troy Renner, Attorney in fact for James P. Lemke 11/6/2009

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