FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* TUREK WALTER			2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(Last) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/10/2003					X Officer (give title below) Other (specify below) Sr. Vice President				ow)	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				Line)	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu				Acquii	lired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	ecurity	I	2. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr. 8	(A)	or Disposed of r. 3, 4 and 5)	f (D) I	Beneficial	Transaction(ollowing (s)	Ownership Corm: Horizott (D)	. Nature f Indirect geneficial ownership Instr. 4)
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Reporting Owners

D 4 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TUREK WALTER						
			Sr. Vice President			
,						

Signatures

Jan Shuler, Attorney-in-fact	07/11/2003
**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).
- $\textbf{(1)} \ \ \text{Stock option vests 1/3 on July 10, 2005, 1/3 on July 10, 2006 and 1/3 on July 10, 2007.}$

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.