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

Name and Address of Reporting Person * SEBO J ROBERT		2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]					:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
911 PANORAMA TRAIL	(Middle)	3. Date of Earliest Transaction (Month/Day/Y 01/15/2004			y/Year)		Officer (give title below) Other (specify below)				elow)	
(Street) ROCHESTER, NY 14625		4. If Amendment, Date Original Filed(Month/Day/Year)					r) (6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following n(s)	Ownership of Form:	Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3	nstr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	01/15/2004		G	4	4,975	D	\$35.14	4,776,6	532		D	
Reminder: Report on a separate		·		Pers cont	ons wh	no resp	orm are	not requ		spond unle	ss	1474 (9-02)
	Table II -	Derivative Securi	ties Acquir	Pers cont the f	sons whatained in form dis	no responding this formal section that the section that t	orm are a currer eneficiall	not requality valid	uired to res OMB cont		ss	1474 (9-02)
1. Title of 2. 3. Trans Derivative Conversion Date	saction 3A. Deemed Execution D	Derivative Securi (e.g., puts, calls, w	ties Acquii	Pers cont the f	sons whatained in form dis	no respondent this for splays a configuration of the second cisable on Date	eneficiall curities) 7. Ti Amo Unde Secu	not requality valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nation of Indirection Benefic Owners (Instr. 4

D (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SEBO J ROBERT 911 PANORAMA TRAIL S. ROCHESTER, NY 14625	X					

Signatures

Jan Shuler, Attorney-in-fact	01/15/2004
**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).

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.