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

OMB APF	PROVAL
OMB Number:	3235-02

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

87 Estimated average burden hours per response.. 0.5

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

(Print or Ty	pe Response	S)															
1. Name and Address of Reporting Person * MORPHY JOHN M			2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]						5. 1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
	(Last) (First) (Middle) 911 PANORAMA TRAIL S (Street)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/08/2004						_>	X Officer (give title below) Other (specify below) CFO				w)		
			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				e)			
ROCHESTER, NY 14625 (City) (State) (Zip)										Town and by store man one reporting reason							
(Cit	y)	(State)	(Z.ip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					d								
1.Title of S (Instr. 3)	(Instr. 3)		2. Transaction Date (Month/Day/Yea	r) any	ution 1	n Date, if	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		f (D) Owned Follow Transaction(s)				5. Ownership Form:	Beneficial	
				(Mon	th/Da	y/Year)	Со	ode V	Am		A) or (D)			and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock									,		1,	1,152.50		I)	
	ommon Stock IRA											2,0	2,695			D	
		separate line for each	a class of securities b	eneficia	illy ow	wned dire	ectly o	Pers in th	ons v	rm are n	ot red	quired to	respond ι		on contain		1474 (9-02)
		separate line for each		- Deriva	ntive S	Securitie	es Acq	Pers in th a cu quired, D	is for rrent	rm are no ly valid (ot red OMB Benefi	quired to control : cially Ow	respond ι number.				1474 (9-02)
	Report on a s	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	ative S uts, c	Securitie alls, war	es Acq rants er ative es d (A) sed	Pers in th a cu	is for rrentlispose , conv	rm are not be a ly valid (control of the second of the sec	ot rec OMB Benefi ecuriti	quired to control (cially Ow ies)	orespond unumber. orned and Amount llying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Owners Form o Derivat Security Direct (or Indir s) (I)	11. Nature of Indire Benefici Owners! (Instr. 4)
Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	ative S uts, c	Securitie alls, war 5. Numb of Derive Securitie Acquired or Dispo of (D) (Instr. 3,	rs Acq rrantseer ative es 1 (A) ssed 4,	Persin that a cu	is for rrentl ispose , conv exercis on Date Day/Ye	rm are not be a ly valid (control of the second of the sec	ot rec OMB Benefi ecuriti	cially Owies) 7. Title a of Under Securities	orespond unumber. orned and Amount llying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form o Derivat Security Direct (or Indir	11. Nature of Indire Benefici Owners! (Instr. 4)

B 41 0 V 1	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MORPHY JOHN M 911 PANORAMA TRAIL S ROCHESTER, NY 14625			CFO			

Signatures

John M. Morphy	07/09/2004
**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.

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.