FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-028
Estimated average by	urden
hours per response	0

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

(Print or Ty	pe Response	3)																
1. Name and Address of Reporting Person* REDON LEONARD E				2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
	(Last) (First) (Middle) 911 PANORAMA TRAIL S.				3. Date of Earliest Transaction (Month/Day/Year) 07/08/2004							X_ Officer (give title below) Other (specify below) Vice President						
(Street) ROCHESTER, NY 14625			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									
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acqui	lired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Exect any	2A. Deemed Execution Da any (Month/Day/	Date, if	(Instr. 8)		(A)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D)			i	Form:	7. Nature of Indirect Beneficial Ownership	
				(WIOII	.ui/ Da	ay/1 car)	Co	ode V	Am		A) or (D)	Price	(msu.	3 and 4)	,		(Instr. 4)	
Common	Stock												300				D	
	ommon Stock												271 (1)			I	401(k)	
		separate line for each	class of securities b	eneficia	ılly o	wned dire	ectly (Pers in th	ons v		not re	quired	l to re	spond u		on contain		1474 (9-02)
		separate line for each		- Deriva	ntive	Securitie	es Acc	Pers in th a cu quired, D	ons v is for rrentl	m are n ly valid d of, or	not red OMB Benefi	quired contro icially (l to re ol nur	spond u nber.				1474 (9-02)
Reminder:	Report on a s	3. Transaction		- Deriva (e.g., p 4. Transac Code	utive auts, o	Securitie calls, wan	es Accerrants per ative es d (A) osed	Pers in th a cu quired, D s, options 6. Date E	ons vis for rentlesspose conversion Date	m are n ly valid d of, or ertible s table and	OMB Benefi	quired contro icially (ies) 7. Title of Und Securi	Owned e and A	spond unber.	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivat Securit Direct of India (s) (I)	11. Nation of Indirection of Indirec
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	utive auts, o	Securiticals, want 5. Numb of Deriv Securitical Acquires or Dispoof (D) (Instr. 3,	es Accerrants per ative es d (A) osed	Pers in th a cu quired, D s, options 6. Date E Expiration	ons vis for rentlesspose, conv. xercis n Date Day/Ye	m are n ly valid d of, or ertible s table and	not red OMB Benefi securit	quired contro icially (ies) 7. Title of Und Securi	Owned e and Adderlyin tities 3 and	spond unber.	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Securit Direct or India	11. Nation of Indirection of Indirec

P 4' 0 N 4	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
REDON LEONARD E							
911 PANORAMA TRAIL S.			Vice President				
ROCHESTER, NY 14625							

Signatures

John M. Morphy,	Attorney-in-fact	07/09/2004
-Signature of Re	porting 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).
- (1) 401(k) balance as of July 6, 2004.

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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.