FORM 4

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

OMB APPRO\	/AL
OMB Number:	3235-0287
Estimated average bu	rden
hours per response	0.5

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 Type Responses) 1. Name and Address of Reporting Person GOLISANO B THOMAS				2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director X_ Officer (give title below) Chairman 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Last) (First) (Middle) 911 PANORAMA TRAIL S.			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2005												
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)												
ROCHESTER, NY 14625 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqui												
(Instr. 3) Date					3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial		
				(Month/Day/Year)		Co	de V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		12/30/2005			5	8	80,000	11)	\$ 38.3446	38,168,482	2		D	
Common	Stock										15,475.614			I	Spouse
Common	Stock IR	A									2,666.257			I	Spouse
Kemmaer.	Report on a s	separate line for eac	h class of securities	beneficia	lly owned	direct	Pers in th	ons wh	are not	t required	collection to respond	unless the		ned SEC	1474 (9-02
reminuer.	Report on a s	separate line for eac		· Derivati	ve Secur	ities A	Pers in th disp	ons whis form lays a c	are not currently of, or Be	t required y valid ON eneficially (to respond IB control r	unless the		ned SEC	1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ve Secures, calls, ve Sition Num of Deri Secure Acq (A)	aber vative urities uired or oosed O) r. 3,	Pers in th disp	is form lays a coisposed of convert ercisable	are not currently of, or Be tible sec	t required y valid ON eneficially (urities)	to respond MB control r Dwned and Amount rlying es	unless the	9. Number	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat of Indir Benefic Owners (Instr. 4
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ve Secur is, calls, v S. Num of Deri Secu Acq (A) Disp of (I	aber vative urities uired or oosed O) r. 3,	Persin the dispose cquired, Date Expiration	cons who is form lays a consistence of the converte constant of the converte constant of the converte	are not currently of, or Be tible sector and	eneficially (urities) 7. Title a of Unde Securities	to respond MB control r Dwned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Security Direct (or Indir (s) (I)	11. Nat of Indir Benefic Owners (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GOLISANO B THOMAS 911 PANORAMA TRAIL S. ROCHESTER, NY 14625	X	X	Chairman			

Signatures

John M. Morphy, Attorney-in-fact	01/03/2006
**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.