# FORM 4

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

OMB APPROVAL
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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

| (Print or Ty  | pe Response   | s)   |                                  |  |  |                                    |        |                             |       |   |                    |  |  |               |  |  |                                     |
|---|---|--|----------------------------------|--|--|------------------------------------|--------|-----------------------------|-------|---|--------------------|--|--|---------------|--|--|-------------------------------------|
| 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)  Director 10% Owner  |  |               |  |  |                                     |
| (Last) (First) (Middle) 911 PANORAMA TRAIL S.         |   |  |                                  |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2007    |                                    |        |                             |       |   |                    | X Officer (give title below) Other (specify below) Sr. Vice President  |  |               |  |  |                                     |
| (Street)  ROCHESTER, NY 14625                         |   |  |                                  | 4. If Amendment, Date Original Filed(Month/Day/Year) |  |                                    |        |                             |       |   | n/Day/Year)        | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person |  |               |  |  |                                     |
| (City   |   | (State)                                    | (Zip)                            |  |  | Tab                                | le I - | - Non                       | -Der  | ivative S                               | Securitie          | s Acqu   | lired, Disp  | osed of, or I | Beneficially   | Owned  |                                     |
| 1.Title of Security<br>(Instr. 3)                     |   | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if |  | , if (   | 3. Transacti<br>Code<br>(Instr. 8) |        |                             |       |   | quired<br>of (D)   | 5. Amour<br>Beneficia<br>Reported  | nt of Securities ally Owned Following Transaction(s) |               | 6.<br>Ownership<br>Form:   | 7. Nature<br>of Indirect<br>Beneficial                       |                                     |
|   |   |  |                                  | (Mon   | (Month/Day/Year)   |                                    | Coc    | de                          | V     | Amoun                                   | (A)<br>or<br>t (D) | Price  | (Instr. 3 a  | nd 4)         |  | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)               | Ownership<br>(Instr. 4)             |
| Common Stock 12/2                                     |   | 12/28/2007                                 |                                  |  |  | G                                  | ř      | V                           | 500   | 11)                                     | \$<br>36.63        | 129,592  | 129,592  |               | D  |  |                                     |
|   |   |  |                                  |  |  |                                    |        | f<br>quire                  | the f | orm dis                                 | splays a           | curre  | ently valid  | uired to res  |  |  |                                     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | n 3A. Deemed<br>Execution Da     | ate, if  | Code   | 5.<br>N of<br>D<br>So<br>A<br>(A   | Iumb   | er<br>ative<br>ities<br>red | 6. D  | conver<br>ate Exer<br>Expirationth/Day/ | cisable<br>on Date | 7. T<br>Am<br>Und<br>Sec   | Title and nount of derlying purities str. 3 and      |               | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transactior<br>(Instr. 4) | Owner<br>Form of<br>Derivat<br>Securit<br>Direct<br>or India | f Beneficial Ownershipy: (Instr. 4) |

# **Reporting Owners**

| B 41 0 V 4                     | Relationships |              |                    |       |  |  |  |  |
|--------------------------------|---------------|--------------|--------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer            | Other |  |  |  |  |
| TUREK WALTER                   |               |              |                    |       |  |  |  |  |
| 911 PANORAMA TRAIL S.          |               |              | Sr. Vice President |       |  |  |  |  |
| ROCHESTER, NY 14625            |               |              |                    |       |  |  |  |  |

### **Signatures**

| Stephanie L. Schaeffer, Attorney-in-fact | 01/03/2008 |
|--|------------|
| **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.