FORM 4

(Print or Type Responses)

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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

1. Name and Address of Reporting Person—GOLISANO B THOMAS					2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]							3	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner						
(Last) (First) (Middle) 911 PANORAMA TRAIL S.				3. Date of Earliest Transaction (Month/Day/Year) 08/12/2008							-		r (give title belo			er (specify b	elow)		
ROCHES	STER, NY	(Street)		4. If	Amendm	nent,	Date	Origi	nal	Filed(Mont	h/Day/Ye	ear)		X_ Form file	al or Joint/O ed by One Reported by More than	orting Person	n		le Line)
(City)		(State)	(Zip)			Ta	able I	- Noi	n-D	erivative	Securit	ties A	cquir	red, Dispo	osed of, or I	Beneficia	lly Ow	ned	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any	eemed ion Date n/Day/Ye	, if		8)	ion V	4. Securi (A) or D: (Instr. 3,	isposed	of (D) Borner (In	eneficially	of Securities y Owned Fo ransaction(s	llowing	6. Owne Form: Direct or Ind (I) (Instr.	rship Be t (D) irect (In	Nature of lirect neficial vnership str. 4)
Common	Stock		08/12/2008				S		·	360 (1)		\$ 34.8	7	4,020			I	Cy Go Irr Tr dto	vnthia A. blisano evocable ust U/A l 13/2005
Common	Stock												3′	7,609,24	1 7		D		
Reminder:	Report on a s	separate line	for each class of sec	- Deriv	ative Sec	curit	ies Ac	equire	Per corthe	rsons whentained in the form disposed	no responding the splays	form a cu Benefi	are irren icially	not requ tly valid	ction of inf ired to res OMB conf	spond u	nless	SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year Derivative Security		Execution I	l Date, if	4. Transact Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. and (M	Date Exercisable Exercisable Expiration Date (Month/Day/Year) Expiration Date Date Expiration Date		tion	7. Title and Amount of Jnderlying Securities Instr. 3 and 4) Amount or Number of			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersl Form of Derivatir Security Direct (I or Indire (I) (Instr. 4)	(Instr. 4)		
					Code	V	(A)	(D)						Shares					

Reporting Owners

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

Signatures

Stephanie L. Schaeffer, Attorney-in-fact	08/13/2008

**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).
- (1) Quarterly distribution pursuant to the irrevocable trust for which Mr. Golisano was named trustee on 7/22/08.

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.