#### FORM 4

# 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

(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. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
911 PANORAMA TRAIL S (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/09/2009						X_Officer (give title below) Other (specify below)  CFO									
ROCHE	STER, NY	(Street)		4. If An	nendi	ment, Da	te Ori	iginal I	Filed(M	onth/Day/	Year)		_X_ Fo	rm filed by (	One Reporting I	Filing(Check Person Reporting Person	Applicable L	ine)	
(Cit		(State)	(Zip)			7	Γable	1 - No	on-Der	ivative :	Securities	s Acau	ired. I	Disposed (	of, or Benef	icially Own	ed		
(Instr. 3)			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, r) any (Month/Day/Yea		ed Date, if	3. Tı	ransaction e		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		iired	5. An Owne Trans				6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(			Code		V	Amount (A) or (D)		Price	(						(Instr. 4)
Common Stock 07/0			07/09/2009			1	A		9,604 (1)	A	\$ 0	67,2	34.50			D			
Common	Stock IR	A								1,644 D									
Reminder:	Report on a s	separate line for each	h class of securities b	- Deriva	itive	Securitie	es Ac	P in a quired	Person n this n curre	ns who form a ently va	re not re llid OMB or Benef	quire contr ficially	d to re	espond ι mber.		on contain form displ		C 1474 (9-0	)2)
1 75'41 . 6	12	2 75 4	24 D 1		uts,						le securi				0 D : C	0 N 1	C 10	11. 3	т.,
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security			Transaction of Der Code Securi (Instr. 8) Acqui or Dis of (D) (Instr.		5. Numb of Deriv Securities Acquired or Dispos of (D) (Instr. 3, and 5)	(Month/Day ed (A) posed		Date	ate O Year) S		7. Title and Amount of Underlying Securities Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Owner Form of Deriva Securi Direct or Indi	tive ty: (D) Owner (Instr	direction direct	
				Code	V	(A)	(D)		cisable		ration	Title		Amount or Number of Shares		(Instr. 4)	(Instr.	4)	
Stock Option	\$ 31.95	07/09/2009		A		11,655		07/1	0/200	07/0	09/2018		nmon ock	11,655	\$ 31.95	11,655	D		
Stock Option	\$ 24.21	07/09/2009		A		63,290		07/0	9/201	07/0	08/2019		mon ock	63,290	\$ 24.21	63,290	D		
Stock Option	\$ 42.688							07/1	3/200	07/	13/2010		mon ock	15,000		15,000	D		
Stock Option	\$ 40.86							07/1	2/200	03 07/	12/2011		mon ock	15,000		15,000	D		
Stock Option	\$ 31.79							07/0	08/200	06 07/0	08/2014		mon ock	30,000		30,000	D		
Stock Option	\$ 33.68							07/0	07/200	06 07/0	07/2015		nmon ock	50,000		50,000	D		
Stock Option	\$ 36.87							07/1	3/200	07/	13/2016		mon ock	30,000		30,000	D		
Stock Option	\$ 43.91							07/1	7/200	08 07/	17/2017		mon ock	30,000		30,000	D		
Stock Option	\$ 31.95							07/1	0/200	07/0	09/2018		nmon ock	36,781		36,781	D		

### **Reporting Owners**

	Relationships
Reporting Owner Name /	

Address	Director	10% Owner	Officer	Other
MORPHY JOHN M 911 PANORAMA TRAIL S ROCHESTER, NY 14625			CFO	

## Signatures

Stephanie L. Schaeffer, Attorney-in-fact	07/13/2009		
-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) Award of restricted stock, subject to vesting, pursuant to the Amended and Restated 2002 Stock Incentive Plan.

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.