### 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

ĺ	pe Response												5 D 1	-4:- 1:	-fD :	- D- ( )	I-	
Name and Address of Reporting Person * TUCCI JOSEPH M				2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
911 PANORAMA TRAIL S. (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/05/2012									Officer (give title below) Other (specify below)					
(Street)				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					
	STER, NY	14625											For	m filed by !	More than One l	Reporting Persor	ı	
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu								nired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye		Date, i	Cod (Inst	ransaction e tr. 8)	(A)		Securities Acqui ) or Disposed of astr. 3, 4 and 5)				)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							C	ode V	An	nount	(A) or (D)	Price					(I) (Instr. 4)	
Common Stock			07/05/2012			]	М	5,0	5,000 A \$		\$ 28.14	14,99	)2			D		
D	D		h class of securities l		11		J:41.	! 4!	41			1				'		
	report on a c			- Derivat	tive	Securi	ties A	Pers in th	is fo	orm and a curles a cu	re not r rrently or Bene	equired valid Ol	to re	spond ontrol n	unless the	ion contair form	ed SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)		4. 5. Nur Transaction of Deriva		mber rative rities ired rosed ) . 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Owners y: (Instr. 4			
				Code	V	(A)	(D)	Date Exercisab	le	Expir Date	ation	Title		Amount or Number of Shares				
Stock Option	\$ 28.14	07/05/2012		M		:	5,000 (1)	07/11/20	004	07/1	1/2012	Comm		5,000	\$ 0	0	D	
Stock Option	\$ 29.55							07/10/20	005	07/1	0/2013	Comr		10,000		10,000	D	
Stock Option	\$ 31.79							07/08/20	006	07/0	8/2014	Comm		10,000		10,000	D	
Stock Option	\$ 33.68							07/07/20	006	07/0	7/2015	Comm		10,000		10,000	D	
Stock Option	\$ 36.87							07/13/20	007	07/1	3/2016	Comr		6,000		6,000	D	
Stock Option	\$ 43.91							07/17/20	800	07/1	7/2017	Comm		6,000		6,000	D	
Stock Option	\$ 31.95							07/10/20	009	07/0	9/2018	Comr		6,250		6,250	D	
Stock Option	\$ 24.21							07/09/20	010	07/0	8/2019	Comr		6,250		6,250	D	
Stock Option	\$ 26.02							07/07/20	011	07/0	6/2020	Comr	non	7,686		7,686	D	
Stock Option	\$ 31.63							07/07/20	012	07/0	6/2021	Comr		11,468		11,468	D	

#### **Reporting Owners**

P 4 0 Y 4	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TUCCI JOSEPH M 911 PANORAMA TRAIL S. ROCHESTER, NY 14625	X						

#### **Signatures**

Stephanie L. Schaeffer, Attorney-in-fact	07/05/2012
**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) Exercise of stock options approaching 10-year expiration date.

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.