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]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner								
911 PANORAMA TRAIL S. (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2015							-	Office	r (give title belo	w)	Othe	er (specify	below)			
(Street)				4. If	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			(T)																	
(City))	(State)		(Zip)			T	able I	- Noi	n-D	erivative	Securit	ies A	cquir	red, Dispo	osed of, or E	Beneficia	lly Ow	ned		
(Instr. 3) Da			Date	Date (Month/Day/Year)		2A. Deemed Execution Date, it		Code (Instr. 8)		(A) or Dispo (Instr. 3, 4 ar		isposed	posed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:		Beneficial		
				(Month/Day/Year		ear)	Cod	e	V	Amount	(A) or (D)	Price	Ì	nstr. 3 and	or It		Director Ind (I) (Instr.	lirect (I	Ownership (Instr. 4)		
Common Stock		02/27	7/2015				G		V	409 (1)	D	\$ 49.8	68	68,916			Ι	I Goli Irrev Trus dtd		nia A. ano ocable U/A	
Common	Stock													3′	7,587,27	72		D			
Reminder:	Report on a s	separate line	for each	Table II -	- Deriv	ative Sec	curit	ties Ac	quir	Per conthe	rsons wh ntained i	no responding this splays	form a cu Benefi	are rren	not requ tly valid	ction of inf lired to res OMB cont	pond u	nless	SEC	: 1474	4 (9-02)
Derivative Conversion 1		Date	3. Transaction Date Execution Date (Month/Day/Year) any		l Pate, if	4. Transaction Code (Instr. 8)		5. Number		6. and (M	o. 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)	ve es ally ng d	10. Owners Form o Derivat Securit Direct (or Indir (I) (Instr. 4	ship of I ive (v); (D) rect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
						Code	V	(A)	(D)	Da Ex	ate xercisable	Expira Date	tion	Title	or Number of Shares						

Reporting Owners

P (0 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	
------------------------------------------	--

03/04/2015

**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.