# FORM 4

(Print or Type Responses)

# 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

1. Name and Address of Reporting Person *- GOLISANO B THOMAS					2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]							:	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) 02/26/2016							•	Office	r (give title belo	w)	Othe	er (specif	y 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			(7: )																	
(City	")	(State)		(Zip)			Ta	ble I -	- Nor	ı-De	erivative	Securi	ties A	cqui	red, Dispo	osed of, or I	Beneficia	lly Ow	ned		
(Instr. 3)		2. Transaction Date (Month/Day/Year)		any	tion Date,	if (	3. Transacti Code (Instr. 8)		(A) or Dis (Instr. 3, 4		sposed of (D)		D) B R	5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)		llowing	Form:		Indired Benefi	icial	
				(Monti	n/Day/Year)	ır)	Code		V	Amount	(A) or (D)	Pric		instr. 3 and	14)				Owner (Instr.		
Common Stock		02/26	02/26/2016				G			480 (1)				7,407			I	Cynthi Golisai Irrevoo Trust U dtd 6/13/20		ano ocable U/A	
Common	Stock													3	7,587,27	72		D			
Reminder:	Report on a s	separate line	for each		- Deriv	ative Secu	ıriti	ies Acc	quire	Per cor the	rsons whatained in form dis	ho res in this splays	forms a cu Benef	are urrer iciall	not requ ntly valid	ction of inf ired to res OMB cont	pond u	nless		C 147	4 (9-02)
Derivative Conversion Da			ansaction 3A. Deemed Execution Date th/Day/Year) any				on 1	5.		6. I	ons, convertible secur 5. Date Exercisable and Expiration Date Month/Day/Year)		e	7. Title and Amount of Underlying Securities (Instr. 3 an		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ve es ally ng d	Form of Derivativ Security: Direct (D or Indirect	rship of ative ity: t (D) irect	(Instr. 4)
						Code	V	(A)	(D)	Da Ex	ate tercisable	Expira Date	ation	Title	Amount or Number of Shares						

#### **Reporting Owners**

D 41 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GOLISANO B THOMAS 911 PANORAMA TRAIL S. ROCHESTER, NY 14625	X	X					

### **Signatures**

Stephanie L. Schaeffer, Attorney-in-fact		03/
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03/01/2016

**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.