## 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 Tv	pe Response	s)																
1. Name and Address of Reporting Person * FLASCHEN DAVID J S				2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
(Last) (First) (Middle) 911 PANORAMA TRAIL S.				3. Date of Earliest Transaction (Month/Day/Year) 07/07/2016									Officer (give	title below)		er (specify bel	ow)	
(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						
	STER, NY	14625											Fo	rm filed by N	fore than One I	Reporting Person		
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date			2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(4	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)						Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
							C	Code V		Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock			07/07/2016				A		,089 <u>)</u>	A	\$ 0	22,291			D			
Common Stock - Family Trust								14,707 E			D							
Reminder:	Report on a	separate line for eacl	n class of securities b	eneficia	lly c	wned dir	ectly	or indire	ectly.									
								in t	this f	orm a		quire	d to re	spond ι		on containe form displa		1474 (9-02)
			Table II								or Benef le securit		Owne	d				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transaction Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		ate	and	7. Title a of Under Securitie (Instr. 3 a		ng	8. Price of Derivative Security (Instr. 5)		Owners Form o Derivat Securit Direct or India	Ownersh y: (Instr. 4)
				Code	V	(A)	(D)	Date Exercis	sable	Expi Date	ration	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	4)
Stock Option	\$ 60.59	07/07/2016		A		10,220		07/07/	/201	7 07/0	06/2026		nmon ock	10,220	\$ 60.59	10,220	D	
Stock Option	\$ 43.91							07/17/	/200	8 07/1	7/2017		nmon ock	6,000		6,000	D	
Stock Option	\$ 31.95							07/10/	/200	9 07/0	09/2018		nmon ock	6,250		6,250	D	
Stock Option	\$ 24.21							07/09/	/201	07/0	08/2019		nmon ock	6,250		6,250	D	
Stock Option	\$ 26.02							07/07/	/201	1 07/0	06/2020		nmon ock	7,686		7,686	D	
Stock Option	\$ 31.63							07/07/	/2012	2 07/0	06/2021		nmon ock	11,468		11,468	D	
Stock Option	\$ 31.5							07/12/	/201:	3 07/1	1/2022		nmon ock	15,052		15,052	D	
Stock Option	\$ 38.89							07/11/	/201	4 07/1	0/2023		nmon ock	12,156		12,156	D	
Stock Option	\$ 41.7							07/09/	/201:	5 07/0	08/2024		nmon ock	10,850		10,850	D	
Stock Option	\$ 47.43							07/09/	/201	6 07/0	08/2025		nmon ock	11,489		11,489	D	

#### **Reporting Owners**

B 41 0 V /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FLASCHEN DAVID J S 911 PANORAMA TRAIL S. ROCHESTER, NY 14625	X						

### **Signatures**

Stephanie L. Schaeffer, Attorney-in-fact	07/08/2016
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) Award of restricted stock, subject to vesting, pursuant to the Amended and Restated 2002 Stock Incentive Plan.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \textit{see} \ Instruction 6 for procedure.$ 

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.