## 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

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	es)															
1. Name and Address of Reporting Person * RIVERA EFRAIN				2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) 911 PANORAMA TRAIL S				3. Date of 07/08/2			rans	action (Mon	th/l	Day/Yea	ır)		X Officer (give title below) Other (specify below) Sr. Vice President, CFO				
(Street)  ROCHESTER, NY 14625				4. If Amendment, Date Original Filed(Month/Day/Year)							Year)		6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(Ci		(State)	(Zip)				Tab	ole I - Non-D	eri	ivative S	Securiti	es Acquire	d, Disposed	of, or Bene	ficially Own	ed	
(Instr. 3) Date			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)		(.	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Owned Follow Transaction(s		wing Reported		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(ivioiti	I/ Da	iy/ i car,		Code V	A	Amount	(A) or (D)	Price	or Indire		or Indirect		
Common Stock 07/08/2016			S			S	7	7,235	D	\$ 61.33 5	53,808 (1)			D			
Reminder:	Report on a	separate line for each	class of securities	beneficia	lly c	wned d	lirect	ly or indirec	tly.								
								in th	is	form a	re not i	required t	collection o o respond B control n	unless the		ned SEC	2 1474 (9-02)
			Table II					Acquired, D nts, options					wned				
1. Title of Derivative Security (Instr. 3)				Code of			(Month/Day/Year) ties red sed 3,			d	7. Title an of Underly Securities (Instr. 3 an	/ing		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Owners (Instr. 4 D) ect	
				Code	V	(A)	(D)	Date Exercisable	•	Expira Date	tion	Title	Amount or Number of Shares				
Stock Option	\$ 31.34							07/06/20	12	07/05	/2021	Common Stock	<sup>n</sup> 44,381		44,381	D	
Stock Option	\$ 31.63							07/07/20	14	07/06	/2021	Common Stock	n 157,500		157,500	D	
Stock Option	\$ 31.65							07/11/20	13	07/10	/2022	Common Stock	58,901		58,901	D	
Stock Option	\$ 38.48							07/10/20	14	07/09	/2023	Common Stock	53,911		53,911	D	
Stock Option	\$ 41.7							07/09/20	15	07/08	/2024	Common	n 44,271		44,271	D	
Stock Option	\$ 47.32							07/08/20	16	07/07	/2025	Common	n 46,875		46,875	D	
Stock Option	\$ 60.84							07/06/20	17	07/05	/2026	Common Stock	n 48,622		48,622	D	
Stock Option	\$ 60.84							07/06/20	17	07/05	/2026	Commo	n 147,405		147,405	D	

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

t, CFO	Sr. Vice President, CFO	Sr. Vice President, CF	IVERA EFRAIN 11 PANORAMA TRAIL S OCHESTER, NY 14625
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### **Signatures**

Stephanie L. Schaeffer, Attorney-in-fact	07/12/2016
**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) Administrative correction and disposition of shares to satisfy tax withholding obligations arising from lapse of restrictions applicable to restricted stock.

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.