(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...

5. Relationship of Reporting Person(s) to Issuer

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								
(Last) (First) (Middle) 911 PANORAMA TRAIL S.					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2016							-	Office	r (give title beld	ow)	Othe	er (specify	below)	_		
(Street) ROCHESTER, NY 14625				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								
(City)		(State)		(Zip)			Т	able I	- Noi	n-Da	erivative	Securi	ties A	canin	red Disno	osed of, or l	Reneficia	llv Ow	med		
1.Title of S (Instr. 3)	ecurity		2. Tran Date (Month	saction /Day/Year)	any	eemed tion Date h/Day/Yo	, if	3. Tra	nsact		4. Securi (A) or Di (Instr. 3,	ties Ac	quired	d 5. D) B R (I	. Amount	of Securities Owned For	s llowing	6.	ership III E B t (D) C lirect (I	Natur ndirect enefici wnersl nstr. 4	ial hip
Common	Stock		12/01/	/2016				G			550 (1)		\$ 58.0		65,880 I		I	C C Ii T d	Cynthia A. Golisano Irrevocable Trust U/A dtd 6/13/2005		
Common	Stock													3	7,587,27	72		D			
1. Title of Derivative Security	Conversion or Exercise	3. Transacti Date (Month/Day	on y/Year)	Table II	- Deriv (e.g.,]	ative Secouts, call 4. Transac Code	curit s, w	ties Ac arrant 5. Numb	equire ts, op	Per corthe	rsons wh ntained i	of, or lecisable	Forms a cu	n are urren ficially ties) 7. Tit Amo Unde	not required to the and count of erlying	etion of infired to res OMB cont	9. Numb Derivati Securitie	nless aber.	10. Owners Form o	ship of f B	1. Nature f Indirecteneficia
(Instr. 3)			Sec		•	rities r. 3 and	(Instr. 5)	Benefici Owned Followin Reported Transact (Instr. 4)	ng d tion(s)	Derivation Security Direct (or India (I) (Instr. 4	y: (I (D) rect	ownershi Instr. 4)									
						Code	v	(A)	(D)	Da Ex		Expira Date	ation	Title	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	12/07/2016	

**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.