FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 <sup>*</sup> GOLISANO B THOMAS			2. Issuer Name PAYCHEX IN			Trading Sy	mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (Firs 911 PANORAMA TRA	· · · · ·	ddle)	3. Date of Earlies 05/26/2017	t Transact	ion (l	Month/Da	y/Year	Officer (give title below)	Other (spec	ify below)			
<sup>(Stre</sup> ) ROCHESTER, NY 146									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) (Sta	te) (2	Zip)	Т	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	Date	(Month/Day/Year) a		3. Transa Code (Instr. 8)	ction				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial		
		(1	Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(insu: 5 and <del>4</del> )	< / <	Ownership (Instr. 4)		
Common Stock	05/26/20	017		G	V	550 (1)	D	\$ 59.11	64,791	Ι	Cynthia A. Golisano Irrevocable Trust U/A dtd 6/13/2005		
Common Stock									37,587,272	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 

 Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.
 SEC 1474 (9-02)

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	ion	Numb	ber	and Expiration	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) o							1	or Indirect	
						Dispo							Transaction(s)	· /	
						of (D)							(Instr. 4)	(Instr. 4)	
				(Instr. 3,											
				4, and 5)											
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
GOLISANO B THOMAS 911 PANORAMA TRAIL S. ROCHESTER, NY 14625	Х	Х						

# Signatures

Stephanie L. Schaeffer, Attorney-in-fact

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.