(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) 11/20/2017							-	Officer	r (give title belo	w)	Othe	r (specify be	ow)		
(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															a of more una	one respon			
(City	·)	(State)		(Zip)			T	able I	- Noi	n-De	erivative	Securi	ties A	cquii	red, Dispo	osed of, or l	Beneficia	lly Ow	ned	
1.Title of Security 2. Transaction Date (Month/Day/Y				Execut	Deemed cution Date, if		Code (Instr. 8)		(A) or Dis (Instr. 3, 4		sposed of (D)		) B R	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form:	rship Indi Ben	eficial		
				(Monti	Month/Day/Year)		Cod	e	V	Amount	(A) or (D)	Pric	Ì	nstr. 3 and	0.		Direct or Ind (I) (Instr.	irect (Ins	Ownership (Instr. 4)	
Common	ı Stock		11/20/	2017				G		V	639 (1)		\$ 65.6		3,497			I	Cy Go Irre Tru dtd	nthia A. lisano evocable ast U/A
Common	Stock													3	7,587,27	72		D		
Reminder:	Report on a s	separate line	for each	class of secu						Per cor the	rsons wi ntained i form di	no res n this splays	form s a cu	are urren	not requ itly valid	ction of int lired to res OMB con	pond u	nless	SEC 1	474 (9-02)
	ı				(e.g., p	outs, calls		arrant	-	tion	ıs, conver	tible s	ecurit	ies)						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion or Exercise (I		(Month/Day/Year) any		ate, if	4. Transaction Code Year) (Instr. 8)		Number a		and	6. Date Exercisable and Expiration Date (Month/Day/Year)		e	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ve es ally ng d ion(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
						Code	V	(A)	(D)	Da Ex	ate ercisable	Expira Date	ation	Title	Amount or Number of Shares					

## **Reporting Owners**

P ( 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	11/27/2017

**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.