### FORM 4

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

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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

	. Name and Address of Reporting Person* DOODY JOSEPH		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) 4285 DEEPHAVEN LANE (Street)  NAPLES, FL 34119 (City) (State) (Zip)			Date of Earliest Transaction (Month/Day/Year)     10/23/2018     High Amendment, Date Original Filed(Month/Day/Year)							-	Officer (give title below)  Other (specify below)  6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
			(Zip)															
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu							es Acquire	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execut any	Deemed cution Date, if		Coo (Ins	(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D) O	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		ed	6. Ownership Form:	of In Ben	Beneficial	
			(Month/Day/Year)			Code V		Amount (A) or		Price	(Instr. 3 and 4)		Direct (D) or Indirec (I) (Instr. 4)		Ownership (Instr. 4)			
Common	Stock		10/23/2018					P		,000 A		¢ 2	16,639		Ì	D		
1 Title of	2	2 Transaction		( <i>e.g.</i> , pu		alls, w		cquired	isplay , Dispo ons, co	s a cur sed of, nvertib	or Bene le secur	valid OM eficially O	B control r			of 10		11 Notes
1. Title of Derivative Security (Instr. 3)				4. Transac Code	ts, ca	5. Numb of Deriv Secur Acqu (A) of Dispo	errar eative ities ired r	di	isplay  I, Dispo ons, co Exercition Da	s a cur osed of, nvertib sable ar	or Bene le secur	valid OM eficially O	wned and Amount lying	number.	9. Number o	Owner Form Deriva Securi Direct or Ind	rship of ntive ty: (D) irect	of Indire Beneficia Ownersh
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, ca	5. Numb of Deriv Secur Acqui (A) of Dispos	errar oer ative ities ired r osed )	cquired nts, option 6. Date Expirat	isplay  I, Dispo ons, co  Exercition Da  n/Day/Y	s a cur osed of, nvertib sable ar	or Bendle secur	ratid OM eficially Orities) 7. Title arof Underly Securities	med Amount ying s and 4)  Amount or Number	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	Owne Form Deriva Securi Direct or Ind (s) (I)	rship of ntive ty: (D) irect	11. Natus of Indire Beneficis Ownersh (Instr. 4)
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Stock Option Stock	Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transac Code (Instr. 8	etion	5. Numbor of Deriv Secur Acqu (A) of Disposof (D) (Instr 4, and	per ative ative rities ired rosed ) . 3, 15)	Date Exercis	isplay I, Disponents I, Dispon	es a cur esed of, nvertib sable ar te 'ear)  Expira Date  07/08	or Benedle secural	ritle  Title  Commo Stock  Commo	Amount or Number of Shares  on 11,489  on 9,615	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Derive Securi Direct or Ind (I) (Instr.	rship of attive ty: (D) irrect (4)	of Indire Beneficia Ownersh

#### **Reporting Owners**

P (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DOODY JOSEPH						
4285 DEEPHAVEN LANE	X					
NAPLES, FL 34119						

#### **Signatures**

Stephanie L. Schaeffer, Attorney-in-fact	10/24/2018

**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).

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.