(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. 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) 11/21/2018								Officer	r (give title belo	ow)	Othe	er (specify	below)			
(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													-		d by More than	one Repor	ting reis	OII		
(City)	(State)		(Zip)			T	able I	- Nor	n-De	erivative	Securi	ties A	cqui	red, Dispo	osed of, or l	Beneficia	lly Ow	ned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				Execut any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		ion	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D	f (D) Beneficial		ant of Securities ally Owned Following d Transaction(s)		6. Owne Form: Direct	rship I	. Natur ndirect Benefici Ownersl	ial	
				(ai)	Cod	e	V	Amount	(A) or (D)	Price	Ì	msu. 3 and	or In		or Ind	irect (
Common	ı Stock		11/21	/2018				G		V	762 ⁽¹⁾	D	\$ 67.9	6	60,757			I	I T c	Cynthi Golisa rrevoc Trust U Itd 5/13/2	ano cable U/A
Common	Stock													3	7,587,27	72		D			
Reminder:	Report on a s	separate line	for each	Table II -	- Deriv	ative Sec	curit	ties Ac	quire	Per cor the	rsons wh ntained i form dis	no res n this splays	forms a cu	are irrer iciall	not requ	ction of inf ired to res OMB con	spond u	nless	SEC	C 1474	(9-02)
1. Title of Derivative Security (Instr. 3)	Derivative Security (Instr. 3) Price of Derivative Security Conversion or Exercise (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 8) Execution Date, if any (Month/Day/Year) Code (Instr. 8)		5. Numb of Deriv Secur Acqui (A) or Dispos of (D) (Instr	Number an		o. Date Exercisable nd Expiration Date Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)		1. Natur f Indirec Beneficia Ownershi Instr. 4)						
						Code	V	(A)	(D)	Da Ex		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.	X	X				
ROCHESTER, NY 14625						

Signatures

Stephanie L. Schaeffer, Attorney-in-fact	12/27/2018

**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).
- (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.