FORM 4

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

OMB APPROVAL

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

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

(Print or Type Responses)										
1. Name and Address of Reporting Person TUCCI JOSEPH M	2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
911 PANORAMA TRAIL S.		3. Date of Earliest To 04/15/2019	ransaction (I	Mont	h/Day/Ye	ar)	Officer (give title below)	ther (specify belo	ow)	
(Street) ROCHESTER, NY 14625	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	V	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Stock	04/15/2019		M		6,250 (1)	A	\$ 24.21	56,117	D	
Common Stock	04/15/2019		S		6,250	D	\$ 82.29	49,867	D	
Reminder: Report on a separate line for ea	ch class of securities b	peneficially owned di			•	respo	nd to th	e collection of information contai	ned SEC	1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

in this form are not required to respond unless the form displays a currently valid OMB control number.

1. Title of Derivative Security (Instr. 3)	Conversion		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code	tion	5. N of Deri Seco Acq (A) Disp of (I	fumber ivative urities uired or bosed D) tr. 3, 4,	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Derivative Security: Direct (D) or Indirect	Beneficial
				Code	V	(A)	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares				
Stock Option	\$ 24.21	04/15/2019		M			6,250	07/09/2010	07/08/2019	Common Stock	6,250	\$ 0	0	D	
Stock Option	\$ 38.89							07/11/2014	07/10/2023	Common Stock	12,156		12,156	D	
Stock Option	\$ 26.02							07/07/2011	07/06/2020	Common Stock	7,686		7,686	D	
Stock Option	\$ 31.63							07/07/2012	07/06/2021	Common Stock	11,468		11,468	D	
Stock Option	\$ 31.5							07/12/2013	07/11/2022	Common Stock	15,052		15,052	D	
Stock Option	\$ 41.7							07/09/2015	07/08/2024	Common Stock	10,850		10,850	D	
Stock Option	\$ 47.43							07/09/2016	07/08/2025	Common Stock	11,489		11,489	D	
Stock Option	\$ 60.59							07/07/2017	07/06/2026	Common Stock	10,220		10,220	D	
Stock Option	\$ 57.2							07/13/2018	07/12/2027	Common Stock	9,615		9,615	D	
Stock Option	\$ 70.37							07/12/2019	07/11/2028	Common Stock	8,641		8,641	D	

Reporting Owners

D 4 0 V /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
TUCCI JOSEPH M 911 PANORAMA TRAIL S. ROCHESTER, NY 14625	X							

Signatures

Stephanie L. Schaeffer, Attorney-in-fact	04/15/2019
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) Exercise of stock options approaching 10-year expiration date.

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.