(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) 12/04/2019    |  |      |   |   |                              |                                   | •  | 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  | - Noi   | n-D                          | 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<br>any  | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |  | Code<br>(Instr. 8)                                   |      | ion 4. Securities Acq<br>(A) or Disposed<br>(Instr. 3, 4 and 5)                 |   | d of (D) Beneration (B) Repo |                                   | . Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)<br>Instr. 3 and 4) |   | 6.<br>Ownership<br>Form:<br>Direct (D) |  | 7. Nature of Indirect Beneficial Ownership | t<br>cial   |           |             |   |                     |
|  |   |               |  | (onus Suj, Tolli)   |  | ar)  | Code | e   | V   | Amount                       | (A)<br>or<br>(D)                  | Price  |   | msu. 3 and                             | or I                                   |  | or Ind      | lirect (  |             |   |                     |
| Common   | ı Stock   |               | 12/04  | ./2019  |  |  |      | G   |   | V                            | 802 <sup>(1)</sup>                | D  | \$<br>84.9  | 5                                      | 7,790                                  |  |             | I         | [<br>]<br>[ | Cynth<br>Golisa<br>Irrevo<br>Frust<br>Itd<br>5/13/2 | ano<br>cable<br>U/A |
| Common   | Stock   |               |  |   |  |  |      |   |   |                              |                                   |  |   | 3                                      | 7,508,85                               | 52   |             | D         |             |   |                     |
| Reminder:  | Report on a s   | separate line | for each   | Table II  | - Deriv  | ative Sec  | urit | ties Ac   | quire   | Per<br>cor<br>the            | rsons wh<br>ntained i<br>form dis | no res<br>n this<br>splays   | form<br>s a cu<br>Benefi  | are<br>irren                           | not requ                               | ction of inf<br>lired to res<br>OMB conf   | spond u     | nless     | SEG         | C 1474  | + (9-02)            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                  | erivative Conversion Date Execution Date, if Transaction Number an (Month/Day/Year) any |               | and Expiration Date<br>(Month/Day/Year) An<br>Un<br>Se |   | 7. Tit<br>Amo<br>Unde<br>Secu<br>(Instr                        | tle and<br>bunt of<br>erlying<br>trities<br>r. 3 and |      | Derivati<br>Securition<br>Benefici<br>Owned<br>Followin<br>Reported<br>Transact | Securities Beneficially Owned Following Reported Transaction(s) |                              | rship of Entive C                 | 11. Nature<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4)                                      |   |  |  |  |             |           |             |   |                     |
|  |   |               |  |   |  | Code   | V    | (A)   | (D)   | Da<br>Ex                     |                                   | Expira<br>Date   | ation ,   | Title                                  | Amount<br>or<br>Number<br>of<br>Shares |  |             |           |             |   |                     |

## **Reporting Owners**

| D 41 0 N /  | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address                                    | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| GOLISANO B THOMAS<br>911 PANORAMA TRAIL S.<br>ROCHESTER, NY 14625 | X             | X            |         |       |  |  |  |

# **Signatures**

| Stephanie L. Schaeffer, Attorney-in-fact | 12/06/2019 |
|--|------------|

| **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) 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.