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).

(Print or Type Responses)

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) 02/27/2020							•	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													-	1 01111 1110	d by More man	TOTIC REPOR	ting i cis	JII		
(City	")	(State)		(Zip)			T	able I	- Nor	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				2A. Deemed Execution Date, if any (Month/Day/Year)			if Code (Instr. 8)		ion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D) Beneficially		y Owned Following ransaction(s)		6. Ownership Form: Direct (D)	rship I	. Nature ndirect senefici	ial		
						zai j	Cod	e	V	Amount	(A) or (D)	Price		0		or Ind (I) (Instr.	irect ((Instr. 4)			
Common	ı Stock		02/27	7/2020				G		V	745 ⁽¹⁾	D	\$ 90.2	5	7,045			I	I I d	Cynthia Golisan rrevoc Trust U Itd 5/13/20	no cable J/A
Common	Stock													3	7,508,85	52		D			
Reminder:	Report on a s	separate line	for each	Table II	- Deriv	ative Sec	curi	ties Ac	quire	Per cor the	rsons wh ntained i form dis	no res n this splays	form s a cu Benefi	are irren	not requ	ction of inf lired to res OMB conf	spond u	nless	SEC	C 1474 ((9-02)
Derivative Conversion		(Month/Day/Year) any		l Pate, if	4. Transaction Code Year) (Instr. 8)		5. Number		and 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)	ship of Bottive Or (In (D) rect	1. Naturd f Indirec eneficia wnershi nstr. 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. ROCHESTER, NY 14625	X	X					

Signatures

Stephanie L. Schaeffer, Attorney-in-fact	02/28/2020

**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.