FORM 4

(Print or Type Responses)

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

OMB APPROVAL
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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	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) 06/02/2020							-	Office	r (give title belo	w)	Othe	er (specif	y 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								
(City	STER, NY	(State)		(Zip)			Tak	olo I	Non	D.	uivativa (C	A		und Diene	and of out) om official	Ilv. Ove	m a d		
1. Title of Security (Instr. 3)		Date	nsaction n/Day/Year)	Execut	2A. Deemed 3. Transactio Execution Date, if Code		on	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		1 5. D) B R (I	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Ownership Ir Form: B Direct (D) O		7. Natu Indired Benefi Owner (Instr.	et icial rship				
Common	Common Stock		06/02	/2020				G	V		937 (1)	D	\$ 72.0	5.	56,108		I		Cynthia A. Golisano Irrevocable Trust U/A dtd 6/13/2005		
Common	Stock													3	7,508,85	52		D			
Reminder:	Report on a s	separate line	for each		- Deriv	peneficially ative Secu	ırities	es Acq	P c tl	Person he	sons whatained in form dis	no responding this splays	form a cu Benefi	are irren	not requ itly valid	ction of inf lired to res OMB conf	pond u	nless	SE	C 147	4 (9-02)
Derivative Conversion I		Date Execution (Month/Day/Year) any		3A. Deemed 4. Execution Date, if Transa		4. Transaction Code	5. N of D Sc A (A D of (I	5. Number a		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. A U U So (I		7. Tit Amor Unde Secur	tle and unt of erlying rities r. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	rship of ative ity: t (D) irect	11. Naturof Indirection Beneficia Ownershi (Instr. 4)			
						Code	V ((A) (Dat Exe		Expira Date	tion	Title	Amount or Number of Shares						

Reporting Owners

D 41 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	06/03/2020

**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.