(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	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) 03/16/2021							-	Officer	(give title belo	ow)	Othe	r (specify bel	ow)	
(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							
ROCHES	STER, NY	14625												Form me	d by More than	One Repor	ting reise)II	
(City))	(State)		(Zip)			Tab	le I - I	Non-E	erivative	Securi	ties A	cquii	red, Dispo	sed of, or I	Beneficia	lly Ow	ned	
(Instr. 3) Date		Date	2. Transaction Date (Month/Day/Year)		eemed tion Date, i n/Day/Year	Date, if Co		3. Transaction Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)) B R	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Owner Form: Direct	rship Indi Ben (D) Owr	7. Nature of Indirect Beneficial Ownership		
							Code	V	Amount	(A) or (D)	or					or Ind (I) (Instr.	Ì	r. 4)	
Common Stock		03/16	16/2021				G V		701 ⁽¹⁾	D	\$ 91.4	5.	53,882		I Goli Irrev Trus dtd		nthia A. isano vocable st U/A		
Common	Stock												3	7,508,85	52		D		
Reminder:	Report on a s	separate line	for each	Table II	- Deriv	ative Secu	rities	s Acqı	Pe co th	ersons wontained e form di	ho res in this isplays	form s a cu Benefi	are irren	not requ itly valid	ction of inf ired to res OMB conf	spond u	nless	SEC 14	174 (9-02)
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		(Month/Day/Year) any		l Pate, if	4. Transaction Code Year) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date Month/Day/Year) Date Expiration		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ve es fally ng d tion(s)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownershij (Instr. 4)		
						Code V	V ((A)	D) E	xercisable	Date		11110	of Shares					

Reporting Owners

D 4 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GOLISANO B THOMAS 911 PANORAMA TRAIL S.	X	X					
ROCHESTER, NY 14625	Λ	Λ					

Signatures

Stephanie L. Schaeffer, Attorney-in-fact	03/18/20

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**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.