FORM 4

(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... 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

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								
911 PANORAMA TRAIL S. (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/28/2021								Office	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 more dian one reporting reason							
(City		(State)		(Zip)			Ta	able I -	Non-	-Deri	ivative	Secur	ities A	Acqui	ired, Dispo	osed of, or I	Beneficia	lly Ow	ned		
(Instr. 3) Date		Date	te Exe onth/Day/Year) any		A. Deemed xecution Date, if ny Month/Day/Year)		Code (Instr. 8)		on 4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		d of (D) Bene 5) Repo		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code V		Amount		(A) or (D) Pric		e				(I) (Instr. 4)		(msu. 4)		
Common Stock			05/28/	/2021				G	V	61	16 ⁽¹⁾	D	\$ 100.	88	53,266			I	Cynt Golis Irrev Truss dtd 6/13/		no cable U/A
Common Stock														37,508,852		D					
Reminder:	Report on a s	separate lin	e for each		- Deriv	ative Sec	urit	ties Acq	uire	Personta conta the fo	ons wained form di	ho resin this	s forn	n are urrei ficial	not requ	ction of inf ired to res OMB conf	spond u	nless	SEC	C 1474	(9-02)
Derivative Conversion D		Date	3. Transaction 3A. Deemed Execution Date (Month/Day/Year) any		d Date, if	te, if Transaction Code of (Instr. 8) (Instr. 8) (A) (D) (Instr. 8) (A) (A) (D) (Ir)		5. 6. Number an		ions, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4) Amount			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ve es fally ng d tion(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	ship of B tive cy: (I) (D) rect	(Instr. 4)		
						Code	V	(A)		Date Exerc	cisable		ration	Title	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.	X	X			
ROCHESTER, NY 14625					

Signatures

Stephanie L. Schaeffer, Attorney-in-fact	06/01/2021
--	------------

**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.