FORM 4

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

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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

(Print or Ty	pe Response	s)														
Name and Address of Reporting Person * Gioja Michael E				2. Issuer Name and Ticker or Trading Symbol PAYCHEX INC [PAYX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
911 PANORAMA TRAIL SOUTH (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 10/15/2021							X Officer (give title below) Other (specify below) Sr. Vice President					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
ROCHESTER, NY 14625									_							
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui						es Acquire	ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		Owned Follo Transaction(/		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
				(Month/	Day/ :	(ear)	C	ode V	Amount	(A) or (D)	Price	0			(Instr. 4)	
Commor	1 Stock		10/15/2021					S 8	3,000	11)	\$ 118.94 5	52 940			D	
Reminder:	Report on a	separate line for each	n class of securities	beneficia	lly ow	ned o	direct	-	•							
								in this	form	are not i	equired t	collection of to respond B control r	unless the	tion contai e form	ned SEC	1474 (9-02
			1	(e.g., pu	ts, cal	ls, w		cquired, Disp its, options, c				wned				
1. Title of Derivative Security (Instr. 3)				/ \		Expiration (Month/Data ivative urities uired or cosed D) tr. 3,				7. Title ar of Underl Securities (Instr. 3 a	5		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Owners (Instr. 4	
								Date				Amount				
				Code	V	(A)	(D)	Exercisable	Expi	iration e	Title	Number of Shares				
Stock Option	\$ 60.84			Code	V	(A)	(D)		Date	e 	Title Commo	Number of Shares		66,068	D	
Stock Option Stock Option	\$ 60.84 \$ 60.84			Code	V	(A)	(D)	Exercisable	7 07/0	05/2026	Commo Stock	Number of Shares On 66,068 On 41 329		66,068	D D	
Option Stock				Code	V	(A)	(D)	Exercisable 07/06/201	7 07/07/07/07/07/07/07/07/07/07/07/07/07/0	05/2026 05/2026	Commo Stock	Number of Shares On 66,068 On 41,329 On 41,159		Í		
Option Stock Option Stock	\$ 60.84			Code	V	(A)	(D)	07/06/201 07/06/201	7 07/07/07/07/07/07/07/07/07/07/07/07/07/0	05/2026 05/2026 11/2027	Commo Stock Commo Stock	Number of Shares on 66,068 on 41,329 on 41,159		41,329	D	
Option Stock Option Stock Option Stock Option Stock Option Stock	\$ 60.84			Code	V	(A)	(D)	07/06/201 07/06/201 07/12/201	Date 7 07/0 7 07/0 8 07/ 9 07/	05/2026 05/2026 11/2027 10/2028	Commo Stock Commo Stock Commo Stock	Number of Shares On 66,068 On 41,329 On 41,159 On 31,653		41,329	D D	
Option Stock Option Stock Option Stock	\$ 60.84 \$ 57.24 \$ 69.54			Code	V	(A)	(D)	Exercisable 07/06/201 07/06/201 07/12/201 07/11/201	Date 7 07/0 7 07/0 8 07/ 9 07/ 0 07/0	05/2026 05/2026 11/2027 10/2028 09/2029	Commo Stock Commo Stock Commo Stock Commo Stock	Number of Shares On 66,068 On 41,329 On 41,159 On 31,653 On 34,165		41,329 41,159 31,653	D D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

Sr. Vice Presider	nt
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Signatures

Stephanie L. Schaeffer, Attorney-in-fact	10/15/2021
-*Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- $_{\star\star}$ Intentional misstatements or omissions of facts constitute Federal Criminal Violations, See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.