PAYCHEX INC Form 4 July 22, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

SECURITIES

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Gioja Michael E Issuer Symbol PAYCHEX INC [PAYX] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X_ Officer (give title Other (specify 911 PANORAMA TRAIL SOUTH 07/21/2016 below) Sr. Vice President (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

ROCHESTER, NY 14625

(City)	(State)	Zip) Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			d of (D)	Securities Form Beneficially (D) Owned India	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	07/21/2016		M	6,190	A	\$ 31.34	62,174	D	
Common Stock	07/21/2016		S	6,190	D	\$ 60.23	55,984	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Person

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 31.34	07/21/2016		M		6,190	07/06/2012	07/05/2021	Common Stock	6,190
Stock Option	\$ 26.77						11/10/2009	11/09/2018	Common Stock	2,400
Stock Option	\$ 24.21						07/09/2010	07/08/2019	Common Stock	7,840
Stock Option	\$ 26.02						07/07/2011	07/06/2020	Common Stock	4,468
Stock Option	\$ 31.34						07/06/2012	07/05/2021	Common Stock	16,001
Stock Option	\$ 31.63						07/07/2014	07/06/2021	Common Stock	157,500
Stock Option	\$ 31.65						07/11/2013	07/10/2022	Common Stock	24,726
Stock Option	\$ 38.48						07/10/2014	07/09/2023	Common Stock	53,911
Stock Option	\$ 41.7						07/09/2015	07/08/2024	Common Stock	44,271
Stock Option	\$ 47.32						07/08/2016	07/07/2025	Common Stock	46,875
Stock Option	\$ 60.84						07/06/2017	07/05/2026	Common Stock	41,329
Stock Option	\$ 60.84						07/06/2017	07/05/2026	Common Stock	147,405

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Sr. Vice President

Reporting Owners 2

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Gioja Michael E 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625

Signatures

Stephanie L. Schaeffer, Attorney-in-fact

07/22/2016

**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).

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.

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