FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Beauchamp Steven R</u>						2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [PCTY]								(Che	elationshi eck all app	olicable)	ting Pe	erson(s) to 10%	Issuer Owner	
(Last) (First) (Middle) C/O 3850 N. WILKE ROAD							3. Date of Earliest Transaction (Month/Day/Year) 02/15/2018								X Officer (give title Other (specify below) below) Chief Executive Officer					
(Street) ARLINGTON HEIGHTS IL 60004 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - I	Non-Deriv	ative	Sec	uritie	s Ad	cquir	ed, D	isposed c	of, or E	Benefic	ciall	y Own	ed				
Da			Date	Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			l 5)	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, par value \$0.001			02/15/2018					S		34,218(1)	D	\$44.	8(2)	2,122,949			D			
Common	Common Stock, par value \$0.001			02/15/2018					S		15,782(1)	D	\$45.1	4 ⁽³⁾	2,107,167			D		
Common	Stock, par	value \$0.001													145	5,000		I	by IRIE Family Trust	
Common	Stock, par	value \$0.001													20,000 I by IF Foun					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any					ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired sed	Expi	ate Exer ration C nth/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Do Se (III	Price of erivative ecurity 1str. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
	Code		Code		(A)	(D)	Date Exer	cisable	Expiration Date	Title	Number of Shares	r								

Explanation of Responses:

- 1. The transaction indicated was conducted under an approved 10b5-1 Plan adopted by the reporting person on June 14, 2017.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$44.09 to \$45.09 inclusive. The reporting person undertakes to provide to Paylocity Holding Corporation, any security holder of Paylocity Holding Corporation, or the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnotes 2 and 3 of this Form 4.
- 3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$45.10 to \$45.30, inclusive.

Remarks:

/s/ Scott Mayhew, attorney-in-02/16/2018 fact to Steven R. Beauchamp

** Signature of Reporting Person Date

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

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.