## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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<b>STATEMENT</b>	OF CHANGES IN	<b>BENEFICIAL</b>	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: 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)

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*  Haske Michael R  (Last) (First) (Middle)  C/O 3850 N. WILKE ROAD  (Street)  ARLINGTON HEIGHTS  IL 60004					3. D 05/	2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [ PCTY ]  3. Date of Earliest Transaction (Month/Day/Year) 05/15/2018  4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director				
(City)	(St		Zip)																
		Tabl	e I - N	on-Deriv	ative/	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or I	3ene	ficially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 a			Secur	ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	ount (A) or (D) Price		rice	Trans	action(s) 3 and 4)		(11341.4)	
Common Stock, par value \$0.001 05/15/20				2018	018		S		39,587(1)	D \$5		\$54.6 <sup>(2)</sup>	6 <sup>(2)</sup> 1,094,157		D				
Common Stock, par value \$0.001 05/15/20				2018	018		S		10,413(1)	B <sup>(1)</sup> D \$5		55.44 <sup>(3</sup>	44 <sup>(3)</sup> 1,083,744		D				
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)	Derivative lecurity lenstr. 3)  Date (Month/Day/Year)  Price of Derivative Security  Date (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Signature 1			4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	rities ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. The transaction indicated was conducted under an approved 10b5-1 Plan adopted by the reporting person on August 16, 2017.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$54.27 to \$55.27 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 \$55.28 to \$55.57, inclusive.

## Remarks:

/s/ Scott Mayhew, attorney-in-05/16/2018 fact to Michael R. Haske

\*\* 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.