FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934

| mstruc | uon 1(b). | | | Filed | | tion 30(h) of the l | | | | | 934 | | <u>, ——</u> | | | |
|--|-----------------------|--------|-----------|--|--|---|------------|-------|------------|---------------------|--------|---|--|---|-----------------------|--|
| 1. Name and Address of Reporting Person* <u>Cappotelli Andrew</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [PCTY] | | | | | | | | tionship of Reportir all applicable) Director | 10% C | 10% Owner | | |
| (Last) C/O 1400 | ast) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2019 | | | | | | | X | Officer (give title below) Chief Accor | | Other (specify below) | |
| (Street) SCHAUMBURG IL 60173 | | | | | 4. If An | nendment, Date o | f Original | Filed | (Month/Day | y/Year) | | 6. Indiv Line) X | idual or Joint/Group Form filed by On Form filed by Mo Person | e Reporting Pers | son | |
| (City) | (Sta | ate) (| Zip) | | | | | | | | | | reisuii | | | |
| | | Tabl | e I - Nor | n-Deriva | ative S | ecurities Acc | quired, | Disp | osed of | , or Be | nefic | ially | Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | t (A) or (D) | | се | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock, par value \$0.001 08/15. | | | | | | | A | | 3,883(1) |) A | \$ | 0.00 | 14,992 | D | | |
| | | Та | | | | urities Acqui s, warrants, | | | | | | | vned | | | |
| 1. Title of 2. Security Conversion Date Detection Date Detection Date, or Exercise (Month/Day/Year) If any | | | , | 5. Number | 6. Date Exercisable and Expiration Date Amount of (Month/Day/Year) 7. Title and Amount of Securities | | | -d | 0 Dr | ice of 9. Number of | of 10. | 11. Nature | | | | |

| (Instr. 3) | Price of Derivative Security | (Month/Day/Year) | (Month/Day/Year) | 8) | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Underlying Derivative Security (Instr. 3 and 4) | | (Instr. 5) | Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
|------------|------------------------------------|------------------|------------------|----|-----|--|---------------------|--------------------|-------|--|--|------------|--|---|-------------------------|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Reflects the grant of restricted stock units (RSUs) that will entitle Reporting Person to receive one (1) share of Common Stock per RSU. The RSUs will vest annually in four equal installments beginning on August 15, 2020. The grant will be settled pursuant to the terms of the Issuer's 2014 Equity Incentive Plan.

Remarks:

/s/ Kris Kang, attorney-in-fact 08/19/2019 to Andrew Cappotelli

** 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.