# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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

Name and Address of Reporting Person*     McGrail Peter J						2. Issuer Name <b>and</b> Ticker or Trading Symbol Paylocity Holding Corp [ PCTY ]								eck all applic Directo	applicable)		Person(s) to Issuer  10% Owner Other (specify	
(Last) (First) (Middle) C/O 3850 N. WILKE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015								below)				респу
	ARLINGTON IL 60004 HEIGHTS				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tal	ole I - No	n-Deri	vativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Bei	neficial	y Owned				
			2. Transaction Date (Month/Day/Year		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)			es Acquire Of (D) (Inst		Benefici Owned F	es ally 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 Transact (Instr. 3	tion(s)			Instr. 4)	
Common Stock, par value \$0.001 08/17/						2015			A		39,000	1) A	\$0.0	0 55,	55,034		D	
Common Stock, par value \$0.001 08/17/					7/201	2015		A		30,800	2) A	\$0.0	85,834		D			
Common Stock, par value \$0.001 08/18/3				8/201	2015			F		1,002	D	\$35.2	84,832			D		
			Table II -								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e (Control of the Control of the Con	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option	\$35.28	08/17/2015			A		29,000		08/17/201	6 <sup>(3)</sup>	08/17/2025	Common Stock	29,000	\$0.00	29,00	0	D	

## **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 17, 2016. The grant will be settled pursuant to the terms of the Issuer's 2014 Equity Incentive Plan.
- 2. 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 vest 50% following fiscal year 2018 and 50% following fiscal year 2019, with the ultimate amount vested dependent upon the attainment of certain performance benchmarks. The grant will be settled pursuant to the terms of the Issuer's 2014 Equity Incentive Plan.
- 3. The option is exercisable with respect to 7,250 shares on August 17, 2016, with an additional 7,250 shares exercisable on August 17th of each subsequent year until all option shares are exercisable.

#### Remarks:

/s/ Scott Mayhew, attorney-in-08/19/2015 fact to Peter McGrail

\*\* 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.