FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OIVID APPROVAL									
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 30	ee instruction i	U.																			
Name and Address of Reporting Person* Breard Linda M.					2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [PCTY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Breard Linga M.												V	Direc	tor		10% O	wner				
(Last) (First) (Middle) C/O 1400 AMERICAN LANE						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024								Office below	er (give title /)		Other (below)	specify			
C/O I IVO MINIMOMINI EMINE						4 If Amondment Date of Original Filed (Month/D-::24)								0 1	C. la dividual and la int/One on Filing (Obsert Applicable						
					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	MDI ID C II	,	0170											V	Form	filed by On	e Rep	orting Pers	on		
SCHAU	MBURG II	. 6	0173												-	filed by Mo	re tha	ın One Rep	ortina		
,														Person							
(City)	(Sta	ate) (2	Zip)																		
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		Table	I - NOI	n-Deriva	tive s	ecu	rities	Acq	uirea,	DIS	posed of	, or E	sene	riciali	y Own	ea					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)			, 4 and Securi Benefi Owned		ities Folicially (D		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount (A) or (D)		or F	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock, par value \$0.001 08/15/2									A		1,338(1)	1	A	\$ <mark>0</mark>	2	,265		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)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			on Date,	4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Str.	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)			Expiration Date	Title	Amor or Numl of Share	ber								

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 25% quarterly, such that the RSUs will vest completely on the first anniversary of the date of grant. The grant will be settled pursuant to the terms of the Issuer's 2023 Equity Incentive Plan.

Remarks:

/s/ Kris Kang, attorney-in-fact 08/19/2024 to Linda M. Breard

** 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.