FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF CHANG	ES IN BENI	EFICIAL O	WNERSHIP

OMB APP	PROVAL
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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

Name and Address of Reporting Person* Gaty Edward W					2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [PCTY]							(Ch	eck all appli	all applicable) Director		Person(s) to Issuer 10% Owner Other (appoint)		
(Last) C/O 385	(F 0 N. WILK	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015							helow)	Officer (give title below) Sr. VP of Product Dev		Other (specify below)		
(Street) ARLINC HEIGHT (City)	rs II	itate)	60004 (Zip)		_				Ů		(Month/Day	Í	Lin	Form t Form t Person	iled by One iled by Mor 1	e Repo	(Check Apporting Person	1
		Tal	ole I - No	n-Deri	ivativ	re Se	curitie	s Ac	quired,	Dis	posed of	f, or Bei	neficial	ly Owned				
		2. Tran Date (Month	saction /Day/Ye	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo			curities Acquired (A) o osed Of (D) (Instr. 3, 4		Benefic Owned	es ially Following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ion(s)			(Instr. 4)	
Common	Stock, par	value \$0.001		08/1	7/201	.5			A		22,000	1) A	\$0.0	0 29,	835 ⁽²⁾		D	
Common	Common Stock, par value \$0.001			08/1	7/201	2015		A		18,200	3) A	\$0.0	0 48	,035		D		
Common	Stock, par	value \$0.001		08/1	8/201	.5			F		545	D	\$35.2	28 47	47,490 D			
			Table II -								osed of, convertib			Owned				
Derivative Conversion D				Date, Transaction Code (Instr.		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$35.28	08/17/2015			A		16,000		08/17/201	6 ⁽⁴⁾	08/17/2025	Common Stock	16,000	\$0.00	16,00	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. Includes 449 shares of Paylocity Holding Corporation's common stock acquired pursuant to Paylocity Holding Corporation's Employee Stock Purchase Plan ("ESPP") on 5/15/2015. The ESPP shares have been acquired in a transaction exempt from Section 16(b).
- 3. 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.
- 4. The option is exercisable with respect to 4,000 shares on August 17, 2016, with an additional 4,000 shares exercisable on August 17th of each subsequent year until all option shares are exercisable.

Remarks:

/s/ Scott Mayhew, attorney-infact to Edward Gaty

08/19/2015

** 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.