## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	L OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	burden							

0.5

hours per response:

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

					OI 3	section	30(11)	oi trie	mvesui	ieni C	ompany Act	01 1940								
1. Name and Address of Reporting Person* <u>Kinsey Mark S</u>						2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [ PCTY ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O 1400 AMERICAN LANE						3. Date of Earliest Transaction (Month/Day/Year) 02/13/2020									belov	,	Other (specify below) ent - Operations			
(Street) SCHAUN (City)	MBURG IL		60173 (Zip)		Line) X Form filed by							n filed by One n filed by Mor	Group Filing (Check Applicable  of One Reporting Person  of More than One Reporting							
		Tabl	le I - N	lon-Deriv	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefic	ially	Owne	ed				
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da		ion 2A. Dee Executi		. Deemed ecution Date,		ction Instr.	4. Securities Acquired (A) or			5. Am Secur Benef Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(Instr. 4)			
Common	Common Stock, par value \$0.001			02/13/2	3/2020				S		2,400(1)	D	\$141	.46 <sup>(2)</sup>		2,520	D			
Common	Stock, par v	value \$0.001		02/13/2	2020				S		2,400(1)	D	D \$142.38 <sup>(3)</sup>			70,120				
Common	on Stock, par value \$0.001 02/13/2			2020	20		S		200(1)	D	\$1	\$143		69,920						
		Та	able II								osed of, convertib				vned					
1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	Execut if any			sction Instr.  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- 1. The transaction indicated was conducted under an approved 10b5-1 Plan adopted by the reporting person on November 15, 2019.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$140.83 to \$141.80, 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 \$141.85 to \$142.83, inclusive.

## Remarks:

/s/ Kris Kang, attorney-in-fact to Mark S. Kinsey 02/14/2020

\*\* 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.