FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

	tion 1(b).	iuc. 000		Filed							ties Exchang mpany Act o		1934		nours	per re	esponse:	0.5
Name and Address of Reporting Person*     Williams Toby J.					2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [ PCTY ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) C/O 1400 AMERICAN LANE					3. Date of Earliest Transaction (Month/Day/Year) 08/14/2023								X Officer (give title below)  President ar			Other (specify below)		
(Street) SCHAUMBURG IL 60173					4. If Amendment, Date of Original Filed (Month/Day/Year)							ne) X Form Form	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)  Rule 10b5-1(c) Transaction Indica:  Check this box to indicate that a transaction was made; satisfy the affirmative defense conditions of Rule 10b5-1										ade purs	uant to a		ruction or writ	ten pla	ın that is inte	nded to		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	quired	, Dis	posed of	, or B	enefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,		ate,			es Acquired (A) Of (D) (Instr. 3, 4		nd Securi Benefi Owned	icially d Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price		action(s) 3 and 4)			(Instr. 4)			
Common Stock, par value \$0.001 08/14/20					2023		F		2,036	D	\$201	.79 10	102,668		D			
		Tal	ble II -								osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)			tion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	Expiration (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co		v	(A)	(D)	Date Exerci	sahle	Expiration Date		Amount or Number of Shares					

**Explanation of Responses:** 

Remarks:

/s/ Kris Kang, attorney-in-fact to Toby J. Williams

08/16/2023

\*\* 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.