Instruction 1(b).

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

Washington, D.C. 20549

STATEMENT OF	F CHANGES IN	BENEFICIAL	OWNERSHIP
• = • .	••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* Gaty Edward W					2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [PCTY]									Check	all applic Directo	able)	g Person(s) to Iss 10% Ov Other (s		wner	
(Last) C/O 385	(F 0 N. WILK	•	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2017								below) SVP of Product and Technol				`	
(Street) ARLING HEIGHT (City)	CS II		60004 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)						
		Tak	le I - No	on-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	sposed o	f, or Be	neficia	ally (Owned					
1. Title of Security (Instr. 3)		Date	Date (Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Secu Bene Owne		Amount of ecurities eneficially wned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, par value \$0.001 09/0			09/01	/2017	2017		М		11,250(1) A	\$7.0)4	116	5,135		D				
Common Stock, par value \$0.001			09/01	/2017	2017		F		6,065	D	\$49.	14	110	0,070		D				
Common	ommon Stock, par value \$0.001 09/01/2			/2017	017		S		5,185(1)	D	\$48.9)2 ⁽²⁾	104,885			D				
			Table II								oosed of, convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date, Transa Code		nsaction de (Instr.		of		6. Date Exerci Expiration Dat (Month/Day/Ye		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Do	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C S Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amour or Number of Shares	r						
Non- Qualified Stock	\$7.04	09/01/2017			M			11,250	07/08/20	14	07/08/2023	Common Stock,	11,25	0	\$0.00	116,08	33	D		

Explanation of Responses:

- $1.\ The\ transaction\ indicated\ was\ conducted\ under\ an\ approved\ 10b5-1\ Plan\ adopted\ by\ the\ reporting\ person\ on\ May\ 19,\ 2017.$
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$48.44 to \$49.16, 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 this footnote 1.

Remarks:

(right to

buy)

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

\$0.001

09/05/2017

** Signature of Reporting Person

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.