FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF	CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPI	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
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).

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* Glenn Ryan (Last) (First) (Middle)				- <u>Pa</u>	Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [PCTY] Date of Earliest Transaction (Month/Day/Year)									tionship of Reporting F all applicable) Director Officer (give title below)		Perso	10% Ow Other (s below)	ner	
	0 AMERIC	,	(maaio)		L	08/15/2022									CFO and Treasurer				
(Street) SCHAUMBURG IL 60173					4.	If Amendment, Date of Original Filed (Month/Day/Year)								ine)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)												Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		ution Date, Tra		Transaction Disposed Of Code (Instr.						s Ily ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Pri			Transaction(s) (Instr. 3 and 4)					
Common	Stock, par	value \$0.001		08/15	5/202	2022		Α		11,937(1)) A	\$0		28,847			D		
Common Stock, par value \$0.001 08/15/2				5/202	2022		F		2,116	D \$2		4.94	4 26,731		I 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) 2. Conversion or Exercise Price of Derivative Security			Execution Date, T		I. Fransaction Code (Instr. 3)		Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		Amount of		f g Securi				Owi Fori Ily Dire or Ii (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D		Date Exercisa	ıble	Expiration Date	Title	Amou or Numb of Share	er		(Instr. 4)			
Market Stock Units	\$0.0	08/15/2022			A		5,083 ⁽²⁾		09/01/20	25 ⁽³⁾	(4)	Common Stock, par value \$0.001	5,08	13	\$0	5,083		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 over four years beginning on the date of grant at a rate of 6.25% vesting every three months. The grant will be settled pursuant to the terms of the Issuer's 2014 Equity Incentive Plan.
- 2. Reflects the grant of a target number of market stock units (MSUs) subject to the award as presented in the table which will entitle Reporting Person to receive one (1) share of Common Stock per MSU. The number of MSUs that vest may be 0%-200% of this number ("awarded units"), depending upon performance. Following the achievement by the Issuer of certain total shareholder return objectives, the awarded units will vest on September 1, 2025. The grant will be settled pursuant to the terms of the Issuer's 2014 Equity Incentive Plan.
- $3. \ Represents the vesting and release date for these awards.$
- 4. Restricted stock units do not expire; they either vest or are canceled prior to or upon the vesting date.

Remarks:

/s/ Kris Kang, attorney-in-fact to Ryan Glenn

08/17/2022

** 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.