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, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Rost Nicholas | | | | | 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) C/O 140 | (Fii 0 AMERIC | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/17/2023 | | | | | | | | | X | belov | er (give title v) c Chief Ac | counti | Other (s below) ing Office | · |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SCHAUMBURG IL 60173 | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| X Check this box to indicate that a transaction v satisfy the affirmative defense conditions of R | | | | | | | | | | | | | | | ruction or writ | ten plan | that is inte | nded to | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | /Year) Execution | | | | | 3. Transaction Disposed Of (D) (Instr. 3, 8) | | | | 4 and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct Indirect It. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | | | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock, par value \$0.001 08/17/2 | | | | | 2023 | | | S | | 430(1) | D | \$19 | 4.99 | 5,590 | | D | | | |
| | | Tal | ble II · | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, Truity or Exercise (Month/Day/Year) if any | | | | Transa | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivat Securit (Instr. 5 | | tive derivative ty Securities | Owners Form: Direct (I or Indire (I) (Instr | wnership | Beneficial Ownership t (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 February 27, 2023.

Remarks:

/s/ Kris Kang, attorney-in-fact to Nicholas Rost

08/21/2023

** 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.