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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF 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

Name and Address of Reporting Person* Haske Michael R						2. Issuer Name and Ticker or Trading Symbol Paylocity Holding Corp [PCTY]									Check	all app	onship of Reportin all applicable) Director Officer (give title		10% C	
(Last) (First) (Middle) C/O 3850 N. WILKE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/18/2016									X	belov	v) ``	below) ales & Marketi		
(Street) ARLING HEIGHT (City)	S IL		50004 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indiv ine) X	'				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a)						d 5)	Secur Benef Owne	icially d Following	Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D	(A) or (D) Pric			Reported Transaction(s) (Instr. 3 and 4)				(111501.4)
Common Stock, par value \$0.001 05/18/2					/2016	016		S		25,247	D \$35		\$35.2	25 ⁽¹⁾ 1,510,63		510,635		D		
Common Stock, par value \$0.001 05/19/2					/2016	016		S		3,529 D \$3		\$35. 1	16 ⁽²⁾ 1,5		1,507,106		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)	vative irity or Exercise Price of Derivative Security Security Security Execution Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$35.00 to \$35.63 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.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$35.00 to \$35.47 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 2.

Remarks:

/s/ Scott Mayhew, attorney-in-05/19/2016 fact to Michael R. Haske

** 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.