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Paycom So Form 4	ftware, Inc.											
November	18, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO							MMISSION					
UNITED STATES SECURI					n, D.C. 2054	OMB Number:	3235-0287					
Check t if no lo subject Section Form 4 Form 5 obligati	to 16. or Filed put	MENT OF	Expires: Estimated a burden hou response	rs per								
may co	ntinue. truction				olding Comp nt Company			935 or Section	l			
Scully Thomas Symbo			Symbol		nd Ticker or Tr ure, Inc. [PA]	-		5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	•		Transaction]		(Check all applicable)				
ANDERSO	SH, CARSON, ON & STOWE, 32 , SUITE 2500	20 PARK	(Month/ 11/18/2	/Day/Year) 2015			 be	Director Officer (give t clow)	itleOtho below)	6 Owner er (specify		
				Annth/Day/Year) A				5. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person				
NEW YOI	RK, NY 10022						Pe	_ Form filed by Me erson	ore than One Re	porting		
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivative Se	curiti	es Acquir	ed, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securities 2 oror Disposed of (Instr. 3, 4 an Amount	of (\hat{D})	red (A) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	11/18/2015			S	2,731,638	D	\$ 41.75	5,644,975	I	By Welsh, Carson, Anderson & Stowe X, L.P. (1)		
Common Stock	11/18/2015			S	29,028	D	\$ 41.75	59,986	Ι	By WCAS Capital Partners IV, L.P. (1)		
Common Stock	11/18/2015			S	10,000	D	\$ 41.75	66,649	D			

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable 1	Date		of		
				Code V	(A) (D)				Shares		
				coue v	(II) (D)				Siluies		

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Scully Thomas C/O WELSH, CARSON, ANDERSON & STOWE 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022		Х					
Signatures							
/s/David Mintz, Attorney-in-Fact 11/18/2015							

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

The Reporting Person is a managing member of the respective sole general partners of Welsh, Carson, Anderson & Stowe X, L.P. and WCAS Capital Partners IV, L.P. Pursuant to Instruction (4)(b)(iv) of Form 4, the Reporting Person has elected to report as indirectly

beneficially owned the entire number of securities beneficially owned by each such entity. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecuniary interest therein and/or that are not actually distributed to him.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.