Edgar Filing: Paycom Software, Inc. - Form 4

Paycom Software, Inc. Form 4 May 25, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL Check this box if no longer subject to Section 16 company Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 16(a) of the Securities Exchange Act of 1934, Software and Softwa										
(Print or Type 1. Name and SWANI SA	Address of Reporting	Person <u>*</u> 2. Syn		nd Ticker or Tra	ading		5. Relationship of Issuer	Reporting Per	rson(s) to	
P (Last) (First) (Middle) 3. (1			Paycom Software, Inc. [PAYC] 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2016				(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title Other (specify below)			
				Date Original ear)		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 				
	RK, NY 10022					:	Person	lore than One K	eporung	
(City)	(State)	(Zip)	Table I - Non-			-	ired, Disposed of	, or Beneficia	•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	ionor Disposed (Instr. 3, 4 ar	of (D)	ed (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	05/25/2016		J <u>(1)</u>	5,065,436	D	\$ 0 (1)	0	I	By Welsh, Carson, Anderson & Stowe X, L.P. (2)	
Common Stock	05/25/2016		J <u>(1)</u>	53,828	D	\$ 0 (1)	0	I	By WCAS Capital Partners IV, L.P. (2)	
Common Stock	05/25/2016		J <u>(1)</u>	66,190	А	\$ 0 (1)	180,259	D		

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Common Stock	05/25/2016	J <u>(1)</u>	13,620	А	\$ 0 (1)	63,934	Ι	By The Swani Family
								LLC (3)

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / A	Relationships						
	Director	10% Owner	Officer	Othe			
SWANI SANJAY C/O WELSH, CARSON, ANDERSO 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022	Х						
Signatures							
/s/David Mintz, Attorney-in-Fact	05/25/2016						

**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).

(1) In-kind distribution of shares by Welsh, Carson, Anderson & Stowe X, L.P. and WCAS Capital Partners IV, L.P. pro rata to their respective partners.

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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

- (2) 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.
- (3) The Reporting Person disclaims beneficial ownership of such shares except to the extent of his pecuniary interest therein.

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.