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Paycom Soft Form 4 August 03, 2												
FORM										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer							Expires:	January 31, 2005				
subject to	51ATEMENT OF CHANGES IN BENEFICIAL OWNERS						'NERSHIP OF	Estimated a				
Section 1 Form 4 or		SECURITIES							burden hou	•		
Form 5	Filed pur	suant to S	Section 16	6(a) of the	e Securiti	es Ez	kchang	ge Act of 1934,	response	0.5		
obligation may cont	ns Section 17(a) of the 1	Public Ut	ility Hold	ing Com	pany	Act o	of 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type F	Responses)											
				Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
SWANI SANJAY Symbol Paycom Software, I				Inc. [PAYC]								
(Last)	(First) (I	Middle)	•	Earliest Tra	_	_		(Chec	ck all applicable	e)		
. ,	(Month/Day/Year)					_X_ Director10% Owner						
			08/01/2016					Officer (give title X_ Other (specify below)				
ANDERSON AND STOWE, 320 PARK AVENUE, SUITE 2500									Resigned 08/01/2016			
1111111111	(Street)	00	4 If Amer	ndment Dat	e Original			6 Individual or I	oint/Group Filiu	19(Check		
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
								X Form filed by One Reporting Person Form filed by More than One Reporting				
NEW YORI	K, NY 10022							Person	viore man one ra	porting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat			3. Trono etia	4. Securi		_	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	any	on Date, 11	Transactio Code				Securities Beneficially	Form: Direct (D) or	Beneficial		
	(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)					
						()		Reported	(11150.4)	(11150.4)		
						(A) or		Transaction(s) (Instr. 3 and 4)				
Com				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common Stock	08/01/2016			D	1,283 (1)	D	\$0	178,976	D (2)			

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 o Derivativ Security (Instr. 3)	e Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
SWANI SANJAY C/O WELSH, CARSON, ANDERSON AND STOWE 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022	Х			Resigned 08/01/2016		
A 1 .						

Signatures

/s/David Mintz,	08/03/2016		
Attorney-in-Fact			
**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).
- Shares forfeited under a Restricted Stock Award Agreement pursuant to the Issuer's 2014 Long-Term Incentive Plan, as a result of the (1) Reporting Person's resignation from the Issuer's Board of Directors.
- The Reporting Person also indirectly beneficially owns 63,934 shares held by The Swani Family LLC. The Reporting Person disclaims (2) 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.