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Form 4	ftware, Inc.										
September											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							MMISSION	OMB APPROVAL			
Check t	this box	V	Vashingto	n, D.C. 205	49			Number:	3235-0287		
if no los subject Section Form 4	nger to STATEN 16. or	MENT OF CHA	Expires: January 31 2005 Estimated average burden hours per response 0.5								
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Fried put	rsuant to Section (a) of the Public 30(h) of the	Utility He		pany 4	Act of 1		I			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u></u> REGAN BRIAN THOMAS			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction					(Check	k all applicable)				
C/O WELS	SH, CARSON, ON & STOWE, 32 , NEW YORK, SU	(Mont 09/21 20 PARK	h/Day/Year) 1/2015			 bi	Director Officer (give t elow)	X109 itleOtho below)	6 Owner er (specify		
	Filed(Month/Day/Year) Applicable Line) _X_ Form filed by					pplicable Line) X_ Form filed by O	oint/Group Filing(Check One Reporting Person More than One Reporting				
NY 10022						P	erson		porting		
(City)	(State)	(Zip) T	able I - Non	-Derivative S	ecuriti	es Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. 4. Securities Acquired Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			red (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		D W/11		
Common Stock	09/21/2015		S	2,838,224	D	\$ 37.56	9,044,516	I	By Welsh, Carson, Anderson & Stowe X, L.P. (1)		
Common Stock	09/21/2015		S	30,160	D	\$ 37.56	96,111	I	By WCAS Capital Partners IV, L.P. (1)		
	09/21/2015		S	27 380	D		8 771	D			

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Common Stock \$ 37.56

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. Transac Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title Amoun Underl Securit (Instr.	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code 1	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
REGAN BRIAN THOMAS C/O WELSH, CARSON, ANDERSON & STOWE 320 PARK AVENUE, NEW YORK, SUITE 2500 NY 10022		X			
Signatures					
/s/David Mintz, 09/23/2015 Attorney-in-Fact					

Date

**Signature of Reporting Person

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) 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

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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.