Edgar Filing: Paycom Software, Inc. - Form 4

Paycom Soft	ware, Inc.										
Form 4	0015										
January 16, 2	_								OMB AI	PPROVAL	
						S AND EXCHANGE COMMISSION ton, D.C. 20549				3235-0287	
							•				
(Print or Type F	Responses)										
			Symbol	r Name and Software			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	-	f Earliest Tr		ιc		(Chec	k all applicable	:)	
C/O WELSI	H, CARSON, N & STOWE, 1	`	(Month/E 01/14/2	ay/Year)	ansaction			Director Officer (give below)	titleOtho	6 Owner er (specify	
				ndment, Da nth/Day/Year	-			 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person 			
NEW YOR	K, NY 10022							_X_ Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	01/14/2015			S	30,393	D	\$ 22.5	117,710	D (1) (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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	Securities Acquired (A) or Disposed of (D)	5	Date	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	(Instr. 3, 4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

er

Edgar Filing: Paycom Software, Inc. - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Othe		
WCAS MANAGEMENT CORP C/O WELSH, CARSON, ANDERSON & STOWE 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022		Х				
RATHER JONATHAN M C/O WELSH, CARSON, ANDERSON & STOWE 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022		Х				
Signatures						

Date

/s/ David Mintz,	01/16/2015
Attorney-in-Fact	01/10/2013

**Signature of Reporting Person

ľ

Ś

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 securities reported as directly beneficially owned by the designated Reporting Person may also be deemed to be indirectly beneficially owned by Jonathan M. Rather, who is the sole controlling stockholder of WCAS Management Corporation. Mr. Rather may

(1) also be deemed to indirectly beneficially own 21,926,454 shares of Common Stock held by Welsh, Carson, Anderson & Stowe X, L.P. and 232,998 shares of Common Stock held by WCAS Capital Partners IV, L.P. Mr. Rather is a managing member of the respective sole general partners of such entities.

Pursuant to Instruction 4(b)(iv) of Form 4, Mr. Rather has elected to report as indirectly beneficially owned the entire number of (2) securities owned by such entities, however he 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.