

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES**

OMB APPROVAL	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Pride Aggregator, LP</u> <hr/> (Last) (First) (Middle) C/O APAX PARTNERS, L.P. 601 LEXINGTON AVENUE, 53RD FLOOR <hr/> (Street) NEW YORK NY 10022 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/20/2021	3. Issuer Name and Ticker or Trading Symbol <u>PAYCOR HCM, INC. [PYCR]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.001 per share	93,000 ⁽¹⁾	I	See Footnotes ⁽²⁾⁽³⁾

**Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Pride Aggregator, LP

 (Last) (First) (Middle)
 C/O APAX PARTNERS, L.P.
 601 LEXINGTON AVENUE, 53RD FLOOR

 (Street)
 NEW YORK NY 10022

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
APAX IX GP CO. Ltd

 (Last) (First) (Middle)
 THIRD FLOOR ROYAL BANK PLACE
 1 GLATEGNY ESPLANADE

 (Street)
 ST PETER PORT Y7 GY1 2HJ

 (City) (State) (Zip)

(City)	(State)	(Zip)
1. Name and Address of Reporting Person *		
PRIDE GP, INC.		
(Last)	(First)	(Middle)
C/O APAX PARTNERS, L.P.		
601 LEXINGTON AVENUE, 53RD FLOOR		
(Street)		
NEW YORK	NY	10022
(City)	(State)	(Zip)

Explanation of Responses:

- Does not give effect to 1,517.18-for-1 stock split which the Issuer expects to effect in connection with the closing of its initial public offering on July 23, 2021. After giving effect to such split, the reporting persons would beneficially own 141,097,740 shares of Issuer common stock.
- Pride GP, Inc. is the general partner of Pride Aggregator and Apax IX GP Co. Limited ("Apax IX GP") is the sole shareholder of Pride GP, Inc.
- Apax IX GP is the investment manager of the relevant investment vehicles in the fund known as Apax IX and is controlled by a board of directors consisting of Simon Cresswell, Andrew Guille, Martin Halusa, Paul Meader and David Staples. The registered address for Apax IX is Third Floor Royal Bank Place, 1 Gategny Esplanade, St Peter Port, Guernsey GY1 2HJ.

Remarks:

<u>/s/ Jason Wright, Director of Pride GP, Inc., the general partner of Pride Aggregator L.P.</u>	<u>07/20/2021</u>
<u>/s/ Jason Wright, Director of Pride GP, Inc.</u>	<u>07/20/2021</u>
<u>/s/ Andrew Guille, Director of Apax IX GP Co. Limited</u>	<u>07/20/2021</u>
** Signature of Reporting Person	Date

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

* If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.