FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ļ	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response	: 0.5								

	Check this box if no longer subject
٦	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					1		()				ilipally Act t								
1. Name and Address of Reporting Person*  MUELLER CHARLES STEVEN						2. Issuer Name <b>and</b> Ticker or Trading Symbol PAYCOR HCM, INC. [ PYCR ]									k all app Direc	onship of Report all applicable) Director		10% O	
(Last)	ast) (First) (Middle) /O PAYCOR HCM, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/23/2023									belov	ficer (give title low) Chief Reven		Other ( below) Officer	specify
4811 MONTGOMERY ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CINCINNATI OH 45212														X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	Rule	Rule 10b5-1(c) Transaction Indication																	
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											olan that is in	tended to							
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired	, Dis	posed of	, or E	Bene	ficiall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			3. 4. Securitie Transaction Code (Instr. 8) 5)			es Acqı Of (D) (I	uired (A Instr. 3,	4 and Secur Benef Owned Follow		cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) (D)	or Pr	ice	Report Transa (Instr.	rted action(s) 3 and 4)							
Common	023			A	<b>V</b> <sup>(1)</sup>	1,034	A	\	\$20.12		166,807		D						
Common Stock 07/23/20						023			F		1,791(2)	Г	\$	25.58	165,016			D	
	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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 8)  Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amoun or Numbe of Title Shares		De Se (In:	8. Price of Derivative Security (Instr. 5) Beneficie Owned Following Reported Transact (Instr. 4)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## Explanation of Responses:

- 1. The reported securities were acquired pursuant to the Paycor HCM, Inc. 2021 Employee Stock Purchase Plan for the purchase period ended June 30, 2022. As an exempt acquisition pursuant to Rule 16b-3(c), the transaction is being voluntarily reported.
- 2. Represents shares withheld to satisfy tax withholding obligations upon vesting of restricted stock units.

## Remarks:

/s/ Alice Geene, by Power of Attorney

07/25/2023

or indirectly

\*\* Signature of Reporting Person Dat

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 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).

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.