FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* $ \underline{Geene \ Alice \ L} $ | | | | | | 2. Issuer Name and Ticker or Trading Symbol PAYCOR HCM, INC. [PYCR] | | | | | | | | | k all app Direc | tor | ng Pers | 10% Ov | vner |
|--|---|--|----------|----------------------------------|-----------------------------|---|--|-----------------|---|--------------------|--------------------|--|---------|---|---|---|----------------|--|---|
| (Last) | (F COR HCM | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2023 | | | | | | | | | Office | er (give title v) See R | emarl | Other (s below) ks | 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) (State) (Zip) | | | | | | 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 intended to | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Exec if any | Deemed ution Date, / th/Day/Year) | | | | | es Acquired (A) Of (D) (Instr. 3, | | and Securi Benefi Owned | | ties cially I Following | Form (D) or | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 10/23/2 | | | | | | 2023 | | | F 1,008 | | 1,008(1) | D | \$23 | 3.31 | .31 114,27 | | | D | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | n Date, Transac Code (Ir | | | | 6. Date Exercis Expiration Date (Month/Day/Ye | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Dei Sec (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y [0 | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Represents shares withheld to satisfy tax withholding obligations upon vesting of restricted stock units.

Remarks:

Chief Legal Officer and Secretary

/s/ Alice Geene

10/25/2023

** 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 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.