FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

1(c). S	ee Instruction	n 10.																			
Name and Address of Reporting Person* Geene Alice L						2. Issuer Name and Ticker or Trading Symbol PAYCOR HCM, INC. [PYCR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Geene</u>	Affee L	<u> </u>									L	,				Direc			10% Ov		
-						_									1	Office	er (give title		Other (s	specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									50.01	See Remarks				
C/O PAYCOR HCM, INC.							10/01/2027														
4811 MC	ONTGON	MERY 1	ROAD			<u> </u>															
-						4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	NIATT	OH	4.6	5212											1	Form	filed by One	e Repo	orting Perso	on	
CINCIN	NAII	OH	43	5212													filed by Moi	e thar	n One Repo	orting	
(O:t-)		(04-4-)	/7	"- \												Perso	on				
(City)		(State)	(2	ip)																	
			Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	Benef	icially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Secur Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) (D)	or Pi	ice	Transa	ction(s) 3 and 4)			(111301. 4)	
Common Stock 10/01/20)24			F		10,862(1)	D	\$	14.02	92,047			D		
Common Stock 10/01/2)24				A ⁽²⁾		132,136			\$ <mark>0</mark>	224,183			D		
			Tab	ole II -								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date	3. Transaction Date (Month/Day/Year)	if any	emed iion Date, //Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)		Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Amo or Nun of Title Sha		er						

Explanation of Responses:

- $1.\ Represents\ shares\ withheld\ to\ satisfy\ tax\ withholding\ obligations\ upon\ vesting\ of\ RSUs.$
- 2. Consists of Restricted Stock Units ("RSUs"), 33% of which shall vest on October 1, 2025, with the remainder vesting in 8 quarterly installments thereafter, with the RSUs fully vesting on the third anniversary of the grant date. Each RSU represents the right to receive one share of Common Stock, subject to the reporting person's continued service through the applicable vesting date

Remarks:

/s/ Alice Geene

10/03/2024

** 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.