FORM 4

## **UNITED STATES SECUF**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

KI I	5	AND EX	CHANGE	COMMISSIC

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/vasnington.	D.C. 20549	

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

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

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

defens	ed to satisfy th e conditions o ee Instruction	f Rule 10b5-																	
1. Name and Address of Reporting Person*  VILLAR RAUL JR.				2. Issuer Name <b>and</b> Ticker or Trading Symbol PAYCOR HCM, INC. [ PYCR ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify below) below)  Chief Executive Officer								
(Last) (First) (Middle) C/O PAYCOR HCM, INC. 4811 MONTGOMERY ROAD				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024															
(Street) CINCINNATI OH 45212 (City) (State) (Zip)					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	,						
		· · · · · · · · · · · · · · · · · · ·		n-Deriva	tive S	Secur	ities	Acc	uired	, Dis	posed of	or E	Bene	ficially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Trans Date				2. Transact Date (Month/Day		Execu	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)				5. Amount of Securities Beneficially Owned 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 P	rice	Transa	ed ction(s) 3 and 4)			(instr. 4)
Common	Stock			10/01/2	024				F		51,070(1)	D	9	14.02	46	1,610		D	
Common	Stock			10/01/2	2024				A <sup>(2)</sup>		395,948	8 A		\$ <mark>0</mark>	857,558			D	
Common Stock														2:	5,000		I	By Villar Joint Family Trust	
		Та	ble II -								osed of, c				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed tion 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 Expirat (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		De Sei (In:	curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
		1	l			1			1		1		Amo	ınt					1

## **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.

(D)

Date

Exercisable

## Remarks:

/s/ Alice Geene, by Power of **Attorney** 

Number

Shares

Title

10/03/2024

Expiration

Date

\*\* 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.