**STATION OF CHANGES IN BENEFICIAL OWNERSHIP**

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**
   
   ANTE ADAM BROOKS
   
   C/O PAYCOR HCM, INC.
   
   4811 MONTGOMERY ROAD
   
   CINCINNATI OH 45212

2. **Issuer Name and Ticker or Trading Symbol**
   
   PAYCOR HCM, INC. [ PYCR ]

3. **Date of Earliest Transaction (Month/Day/Year)**
   
   10/23/2023

4. **Individual or Joint/Group Filing (Check Applicable Line)**
   
   X Form filed by One Reporting Person

5. **Relationship of Reporting Person(s) to Issuer**
   
   Director

6. **Transaction Information**

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>6. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>7. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>8. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>10/23/2023</td>
<td>F</td>
<td>2,536(1)</td>
<td>D</td>
<td>23.31</td>
<td>266,535</td>
<td>D</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

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

/s/ Alice Geene, by Power of Attorney

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).


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.