FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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J. 20549	OMB APP	OMB APPROVAL					
RENEFICIAL OWNERSHIP	OMB Number:	3235-0287					

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	32	
	Estimated average burde		
	hours per response:		

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 intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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			eporting Person*	2. Issuer Name and Ticker or Trading Symbol PAYCOR HCM, INC. [PYCR]								Relationship of Reporting Person(s) to Issuer (Check all applicable)									
VILLAR RAUL JR.							THE CONTION, TIVE. [110K]									Direc	tor		10% O	wner	
(Last) (First) (Middle)							2. Data of Fadicat Transaction (Manth/Day/Year)									Office	er (give title v)	e Other (specify	
(Last) (First) (Middle) C/O PAYCOR HCM, INC.							3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025									Chief Executive Officer					
4811 MONTGOMERY ROAD							If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)										Ü		,	,		Line)	Line)					
CINCINI	NATI	OH	4	5212											V	Form filed by One Reporting Person Form filed by More than One Reporting					
																Person					
(City)	(City) (State) (Zip)																				
			Table	I - No	n-Deriva	tive S	Secur	ities	Acq	uired	, Dis	posed of	, or E	enef	icially	Own	ed				
1. Title of S	Security (I	nstr.	3)		2. Transact	ion 2A. Deemed Execution Date.			3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3,					or	or 5. Amount of and Securities				7. Nature of Indirect		
					(Month/Day	//Year)	Year) if any				Instr.	5)		istr. 3, 4	anu	Beneficially Owned Following		(D) c	or Indirect	Beneficial Ownership	
							(1410111	ii/Day/	rear,	8)			(A)	nr		Report		''' (''		(Instr. 4)	
										Code	٧	Amount	(D)	Pr	ice		3 and 4)				
Common	Stock				01/01/2	01/2025				F		17,497(1)	D	\$	18.57	8.57 840,061		D			
																				By	
																				Villar	
Common	Stock															2	5,000			Joint	
																				Family Trust	
											<u> </u>						_	<u> </u>	Į.	11000	
			Tak	ole II -								osed of, convertible				Owne	d				
1. Title of Derivative	2. Conversion		. Transaction	3A. Dec		4. Transa	otion	5. Nur	nber	6. Date		isable and	7. Title			Price of	9. Number	of	10. Ownership	11. Nature of Indirect	
Security Conversion or Exercise (Month/Day/Year) if any (Month/D if any (Month/D		ercise (Month/Day/Year				Transaction Code (Instr.		Derivative		(Month			Amount of Securities		Sec	curity	Securities	.	Form:	Beneficial	
		(WOUTH	/Day/Tear)	8)		Securities Acquired					Underlying Derivative		'	str. 5)	tr. 5) Beneficially Owned		Direct (D) or Indirect				
					(A) or Disposed					Security (Ins 3 and 4)		"		Following Reported Transactio		(I) (Instr. 4)					
								of (D) (Instr. and 5	3, 4								(Instr. 4)	11(3)			
								anu 5	<u>'</u>					Amou	_						
														or	"						

Date Exercisable

Expiration

Title

Explanation of Responses:

1. Represents shares withheld to satisfy tax withholding obligations upon vesting of RSUs.

Remarks:

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

Shares

** Signature of Reporting Person

01/03/2025

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).

Code 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.

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