FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section obligation	this box if no lo 16. Form 4 or ons may contir ion 1(b).		ST		ed purs	uant to	Section	on 16(a	a) of the	e Secu	rities Exchanç company Act o	ge Act o	of 1934	ERS	HIP	Esti		ber: average burd response:	3235-0287 len 0.5
Name and Address of Reporting Person* Cannae Holdings, Inc.					2. Issuer Name and Ticker or Trading Symbol Ceridian HCM Holding Inc. [CDAY]							S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
(Last) (First) (Middle) 1701 VILLAGE CENTER CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 02/19/2020							Officer (give title Other (specify below) below)							
(Street) LAS VEC			39314 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
		Tabl	le I - 1	Non-Deriv	ative	Sec	uritie	s Ac	cquire	ed, D	isposed o	f, or I	Benefi	ciall	y Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Dat		·	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar		Benefic Owned		ies Fo ially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pric	e	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 02/19/			02/19/20	020	20			S		3,900,000 ⁽¹⁾ D \$		\$7	2.75	19,839,227(2)				See Footnote ⁽²⁾	
		Та	able II								oosed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, Trans ty or Exercise (Month/Day/Year) if any Code			Transa Code (ansaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amour or Number of Shares	er					

				0000	<u> </u>							
Name and Address of Reporting Person* Cannae Holdings, Inc.												
(Last)		(First) NTER CIRCLE	(Middle)	(Middle)								
(Street)	GAS	NV	89314		_							
(City)		(State) (Zip)										
Name and Address of Reporting Person* Cannae Holdings, LLC												
(Last) (First) (Middle) 1701 VILLAGE CENTER CIRCLE												
(Street)	GAS	NV	89314									
(City)		(State)	(Zip)									

Explanation of Responses:

- 1. Represents 3,900,000 shares of Common Stock sold by Cannae Holdings, LLC, including 200,000 shares directly held by Cannae Funding, LLC. Both of Cannae Holdings, LLC and Cannae Funding, LLC are indirect wholly owned subsidiaries of Cannae Holdings, Inc.
- 2. Represents shares of Common Stock of the Issuer directly held by the following entities following the transaction: 39,227 by Cannae Holdings, LLC and 19,800,000 by Cannae Funding, LLC.

Cannae Holdings, LLC by /s/ 02/19/2020 Richard L. Cox, Managing **Director and Chief Financial**

Officer

** 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.