FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				or S	ectio	on 30(l	h) of th	ne Inve	estment (Company Act o	f 1940								
Name and Address of Reporting Person* Cannae Holdings, Inc.					2. Issuer Name and Ticker or Trading Symbol Ceridian HCM Holding Inc. [CDAY]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
					3. Date of Earliest Transaction (Month/Day/Year) 05/08/2020								Officer (give title Other (specify below) below)						
(Street) LAS VEGAS NV 89314				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)											Perso	וונ				
		Table	I - Non-Deriv	ative	Sec	curiti	ies A	cqu	ired, D	isposed of	, or E	3enefi	cial	ly Own	ed				
Date		2. Transaction Date (Month/Day/Y	ear) E	Execution ear) if any					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			d 5)	Securitie Beneficia Owned F	5. Amount of Securities Beneficially Dwned Following		vnership n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership		
								Code	e V	Amount	(A) oi (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common	Common Stock 05		05/08/202	0				S		1,800,000(1)	D	\$64	.41	.41 18,039,2		I		See Footnote ⁽²⁾	
		Tal	ble II - Derivat (e.g., p							sposed of, on, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		5. Numb of Derivativ Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5)		. Date Ex expiration Month/Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	b. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficia Ownershi ct (Instr. 4)	
				Code	v	(4	A) (C		ate xercisabl	Expiration Date	Title	Amour or Number of Shares	er						
	nd Address of Holding	Reporting Person* <u>S, Inc.</u>																	
(Last)	LLAGE CE	(First)	(Middle)																
(Street)	GAS	NV	89314																
(City)		(State)	(Zip)																
	nd Address of Holding	Reporting Person* <u>S, LLC</u>																	
(Last) 1701 VII	LLAGE CE	(First) ENTER CIRCLE	(Middle)																
(Street)	GAS	NV	89314		_														

Explanation of Responses:

(State)

(City)

- 1. Represents 1,800,000 shares of Common Stock of the Issuer held directly and sold by Cannae Ventures Holdco I, LLC ("Cannae Ventures"), a direct wholly-owned subsidiary of Cannae Holdings, LLC, which is an indirect wholly-owned subsidiary of Cannae Holdings, Inc.
- 2. Represents shares of Common Stock of the Issuer directly held by Cannae Ventures following the transaction.

(Zip)

Cannae Holdings, Inc. By: /s/ 05/08/2020 Michael L. Gravelle Name: Michael L. Gravelle Title: Executive Vice President,

General Counsel and Corporate Secretary

Cannae Holdings, LLC By: /s/

Michael L. Gravelle Name:

Michael L. Gravelle Title: Managing Director, General

Counsel and Corporate

<u>Secretary</u>

** Signature of Reporting Person

05/08/2020

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.