FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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

1. Name and Address of Reporting Person*  Cannae Holdings, Inc.						Section So(ii) of the investment Company Act of 1940      Issuer Name and Ticker or Trading Symbol     Ceridian HCM Holding Inc. [ CDAY ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
						3. Date of Earliest Transaction (Month/Day/Year) 05/20/2020										below			belo		City
(Street) LAS VEGAS NV 89314						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)			4: /				·					1									
Table I - Non-Derivat  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea					2 ear) if	2A. Deeme Execution			3. Tra		ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amou		nt of s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nat Indire Benet Owne (Instr.	ficial ership
									Co	de	v	Amount	(A) or (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(			
Common Stock			05/20/202	!0				S	5		1,900,000(1)	D	\$6	64.4	16,139,227(2)		I		See Footnote <sup>(2)</sup>		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Trans Code 8)		ion control of the str.	5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3	ive ies ed ed	Expi	iratior	ercisable and n Date ny/Year)	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		(	s. Price of Derivative Security Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersl Form: Direct (I or Indire (I) (Instr.	hip of B O) O ect (li	1. Nature f Indirect eneficial wnership nstr. 4)	
			Code	v	. (	(A) (	Date D) Exercisab		e rcisab	Expiration le Date	Title	Amou or Numb of Share	er								
1. Name ar																					
(Last) 1701 VII	LLAGE CE	(First) ENTER CIRCLE		(Middle)																	
(Street) LAS VE	GAS	NV		89314																	
(City)		(State)		(Zip)																	
1. Name and Address of Reporting Person*  Cannae Holdings, LLC																					
(Last) (First) (Middle) 1701 VILLAGE CENTER CIRCLE																					

## **Explanation of Responses:**

NV

(State)

(Street)

(City)

LAS VEGAS

- 1. Represents 1,900,000 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)

89314

Cannae Holdings, Inc. By: /s/ 05/21/2020 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

Secretary

\*\* Signature of Reporting Person

05/21/2020

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.