SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

	2. Date of Event Requiring Statement (Month/Day/Year) 08/18/2020	3. Issuer Name and Ticker or Trading Symbol DELUXE CORP [DLX]				
(Last) (First) (Middle) 3680 VICTORIA STREET N.		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Amendment, Date of Original F (Month/Day/Year) X Director 10% Owner Officer (give title below) Other (specify below)	filed			
(Street) SHOREVIEW MN 55126 (City) (State) (Zip)		6. Individual or Joint/Group Filing (Applicable Line) X Form filed by One Reportir Form filed by More than On Person	ng Person			
(City) (State) (Zip)		Person				

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
---------------------------------	--	--	--

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	erivative (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Ruth M. Timm, Attorney-in-Fact ** Signature of Reporting Person

Date

08/20/2020

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 5 (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.

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden 0.5 hours per response:

CONFIRMING STATEMENT

This Statement confirms that the undersigned has authorized and designated Jeffrey L. Cotter and Ruth M. Timm signing singly, to execute and file on the undersigned's behalf all Forms

/s/ Paul R. Garcia

Dated: August 20, 2020