FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVA

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

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

1. Name and Address of Reporting Person* Rubinetti John F III	2. Date of Event Requiring Statement (Month/Day/Year) 05/20/2024	3. Issuer Name and Ticker or Trading Symbol DELUXE CORP [DLX]			
(Last) (First) (Middle) 801 MARUETTE AVE. S.		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Director Difficer (give title below) Director Difficer (give title below)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) MINNEAPOLIS MN 55402 (City) (State) (Zip)		SVP, President B2B Payments	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or	4. Nature of Indirect Beneficial Ownership (Instr. 5)
		Indirect (I) (Instr. 5)	

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)				Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Date Exercis	Date Exercisable	Expiration Date	Title		Price of Indirect (I) Derivative Security		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Ruth M. Timm, Attorney-in-

Fact

** Signature of Reporting Person Date

05/21/2024

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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).