

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
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* <u>Cannae Holdings, Inc.</u> <hr/> (Last) (First) (Middle) 1701 VILLAGE CENTER CIRCLE <hr/> (Street) LAS VEGAS NV 89134 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/25/2018	3. Issuer Name and Ticker or Trading Symbol <u>Ceridian HCM Holding Inc. [ CDAY ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below)                      Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> 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 Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	37,135,921	I	See Note 1 <sup>(1)</sup>

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

1. Name and Address of Reporting Person* <u>Cannae Holdings, Inc.</u> <hr/> (Last) (First) (Middle) 1701 VILLAGE CENTER CIRCLE <hr/> (Street) LAS VEGAS NV 89134 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Cannae Holdings, LLC</u> <hr/> (Last) (First) (Middle) 1701 VILLAGE CENTER CIRCLE <hr/> (Street) LAS VEGAS NV 89134 <hr/> (City) (State) (Zip)		
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**Explanation of Responses:**

1. Directly owned by Cannae Holdings, LLC, a wholly owned subsidiary of Cannae Holdings, Inc.

**Remarks:**

Cannae Holdings Inc. by /s/ Michael L. Gravelle, Executive Vice President and Corporate Secretary 04/25/2018  
Cannae Holdings LLC by /s/ Michael L. Gravelle, Managing Director, General Counsel and Corporate Secretary 04/25/2018

\*\* Signature of Reporting Person                      Date

\* 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.**