FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	ion 1(b).	iue. See		File							rities Exchan		f 1934		nours	per response:	0.5	
Name and Address of Reporting Person*					2. Is	2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [FLT]								. Relationsh Check all ap		ng Person(s) to I	ssuer	
Netto Armando Lins (Last) (First) (Middle)				3. 🗅	Date of Earliest Transaction (Month/Day/Year)									,	Other below	Owner (specify)		
5445 TRIANGLE PARKWAY						06/06/2016								CEO Brazil				
(Street) NORCRO			30092 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X For For	,			
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefici	ally Own	ied			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Dat		ate,	Transaction Dis		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5) Secu Bene	rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Tran	saction(s) r. 3 and 4)		(Instr. 4)		
Common Stock 06/06/20				016)16		S		6,200	D	\$151.8	939	16,003	D				
		Та	ble II								osed of, convertib			-	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Codo	,,	(0)	(D)	Date	iaabla	Expiration	Title	or Number of					

Explanation of Responses:

Remarks:

<u>/s/ Sean Bowen, under power</u> of attorney

06/08/2016

** Signature of Reporting Person

Date

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.