FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number:

Estimated average burden hours per response: 0.5

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

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

					_		. ,												
Name and Address of Reporting Person*     Downs Timothy						2. Issuer Name <b>and</b> Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [ FLT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Downs</u>	1	TELETICON TECHNOLOGIES INC [ PEI ]								1	Di	rector	10%	Owner					
																fficer (give title elow)	Other below	(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2016									Dr	es Corn Lod	lging Consult	nts	
5445 TRIANGLE PARKWAY															11	cs, Corp Loc	iging Consum	ants	
SUITE 400																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. 1	6. Individual or Joint/Group Filing (Check Applicable				
(Street)						, 3 (								Lin	Line)				
NORCROSS GA 30092															X Form filed by One Reporting Person				
					.										Form filed by More than One Reporting Person				
(City) (State) (Zip)														Person					
(City)	(5)	ale)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/										3. 4. Securities Acquired (A) or					5. Amount of		6. Ownership	7. Nature	
						Execution Date, Year)   if any			Transaction Disposed Of Code (Instr.			f (D) (Instr. 3, 4 aı		4 and 5		curities neficially	Form: Direct (D) or Indirect	of Indirect Beneficial	
[					,	(Month/Day/Year)								Ow	ned Following ported	(l) (Instr. 4)	Ownership (Instr. 4)		
									Code	V Amount		(A) or Price		Price	Transaction(s)			(111511.4)	
												(D) Price			(Ins	str. 3 and 4)			
Common Stock 05/10/20						016			S		13,180	D	\$	152.3	54	12,330	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
(e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Dee	emed	4.		5. Number		6. Date Exercisable a		isable and	7. Title and		- 1	8. Price o	of 9. Number o		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Executi if any	on Date,	Transaction Code (Instr.		of Derivative		Expiration Date (Month/Day/Year)			Amount of Securities			Derivativ Security	e derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Month/Day/Year)		/Day/Year)	8)	msu.	Securities		(WOTH)	iiDayi i	earj	Underlying			(Instr. 5)	Beneficially	Direct (D)	Ownership	
	Derivative Security							Acquired (A) or		Deriva			vative ırity (Instr. 3			Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
Security						Disposed		and 4)			Su. 3		Reported	1 '' '					
								of (D) (Instr. 3, 4								Transaction (Instr. 4)	ı(s)		
						and 5)									(,				
				ĺ									Amo	ount					
													or	nber			- 1		
							l		Date		Expiration	l	of				- 1		
		I			Code	V	(A)	(D)	Exercis	sable	Date	Title	Sha	ıres		1	- 1	1	

**Explanation of Responses:** 

Remarks:

/s/ Sean Bowen, under power of attorney

05/12/2016

\*\* 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.