FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL OMB Number:

Estimated average burden

## Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).							d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										hours per response:					
1. Name and Address of Reporting Person*  CHESTNUT HILL VENTURES LLC						2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [ FLT ]										all app		g Pers	10% C	wner		
(Last) (First) (Middle) 60 WILLIAM ST SUITE 230					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2012										Officer (give title Other (specify below) below)							
(Street) WELLESLEY MA 02481				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person								
(City)																						
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ction	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	3. Transaction Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr. 3		(A) or	,	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Pric			ted action(s) 3 and 4)		·	(Instr. 4)		
Common Stock 05/09/2					/2012	2012					1,463,135		D	4	<b>5</b> 0	3,39	90,282 <sup>(2)</sup>		I	By Chestnut Hill Fuel, LLC		
Common Stock															4,0		00,000(3)		D			
			Table II -	Derivati (e.g., pu												vned						
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security		3A. Deen Executio if any (Month/E	n Date,	4. Transactio Code (Inst 8)		on of		6. Date Exercis Expiration Date (Month/Day/Yea		е	Ame Sec Und Deri Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fe D oi (I)	D. wnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v			Date Exercisa		Expiration Date	Title	or Nur of	ount nber res								
		of Reporting Perso		<u>C</u>																		
(Last) (F 60 WILLIAM ST SUITE 230		(First)	(Middle)																			
(Street) WELLESLEY MA 02481			J81																			

## **Explanation of Responses:**

(State)

(First)

C/O CHESTNUT HILL VENTURES LLC 60 WILLIAM STREET, SUITE 230

MA

(State)

1. Name and Address of Reporting Person\* Chestnut Hill Fuel, LLC

(Zip)

(Middle)

02481

(Zip)

(City)

(Last)

(Street)

(City)

WELLESLEY

- 1. These shares were distributed to the members of Chestnut Hill Ventures LLC in accordance with their respective interests in such entity.
- 2. These shares are owned directly by Chestnut Hill Fuel, LLC, which is a direct wholly owned subsidiary of GCC Investments, LLC, which is a direct and indirect wholly owned subsidiary of Chestnut Hill Ventures LLC. GCC Investments, LLC and Chestnut Hill Ventures LLC are indirect beneficial owners of the reported securities.
- 3. These shares were previously owned by Chestnut Hill Fuel, LLC. Pursuant to a distribution by Chestnut Hill Fuel, LLC, Chestnut Hill Ventures LLC has become the direct owner of these shares.

<u>/s/ Lilly O. Huang</u> <u>05/11/2012</u>

\*\* Signature of Reporting Person D

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.