FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | 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

| 1. Name and Address of Reporting Person* <u>Coughlin John</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [FLT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify | | | | | |
|---|---|--|--|--------|---|--|----------------|-----------------------------------|------------------------------------|---|-----------------------|-----------------|--|--|---|------------------------------------|---|--|--|--|
| | Last) (First) (Middle) 445 TRIANGLE PARKWAY SUITE 400 | | | | | | f Earli 014 | est Trans | action (M | lonth/ | Day/Year) | | helow) | | be VP, Corp Develop | | | | | |
| (Street) NORCROSS GA 30092 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curit | ies Ac | quired, | Dis | posed o | f, or Be | neficial | y Owned | l | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Benefici Owned I | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock ⁽¹⁾ 09/02/2 | | | | | | | 2014 | | M | | 15,000 |) A | \$20 | 15,330 | | Г |) | | | |
| Common Stock ⁽¹⁾ 09/02/2 | | | | | | 2014 | | S | | 15,000 | D | \$143.9 |)8 | 330 | |) | | | | |
| | | - | Table II - | | | | | | | | osed of, convertil | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date E Expiratio (Month/D | n Dat | of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form Direct or Inc. (I) (In | wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Employee Stock Options ⁽¹⁾ | \$20 | 09/02/2014 | | | M | | | 15,000 | 09/07/20 | 13 | 10/16/2020 | Common Stock | 15,000 | \$0.00 | 61,50 | 0 | D | | | |

Explanation of Responses:

1. Pursuant to 10b5-1 sales plan

Remarks:

/s/ Sean Bowen, under power of 09/04/2014 <u>attorney</u>

** 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.