FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

							()				1 7									
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [FLT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Coughlin John					1									1		Directo	or	10%	Owner	
						O Date of Farling Transporting (Marth (Day))									X Office below		r (give title)	Other below	(specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 02/01/2013									Exe	xec VP, Corp Development		ent	
5445 TRIANGLE PARKWAY					02/	02/01/2015										LAC	C v1, Coi	p Developine	110	
SUITE 4	00																			
3011L 4	00				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
-					- 4. 11	4. II Amenument, Date of Original Filed (Month/Day/Year)									b. Individual of Joint/Group Filing (Check Applicable Line)					
(Street)														-	,	Form t	filed by One	Reporting Per	son	
NORCR	OSS G	A	30092												, , ,					
					_										Form filed by More than One Reporting Person				porting	
(City)	(0	toto)	(7in)													1 01001				
(City)	(5	tate)	(Zip)																	
		Tab	le I - No	n-Deri\	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally O	wnec	d			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action	Execution Date,			3.									6. Ownership	7. Nature	
	• •	,		Date (Month/	Day/Vos				Transa		Disposed Of (D) (Instr. 3, 4						Form: Direct (D) or Indirect	of Indirect Beneficial		
(Month/Da					Dayrrea	ay/Year) if any (Month/Day/Year)		Code (Instr. 5)) 8)					Benef Owne		Following	(I) (Instr. 4)	Ownership			
								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			(0) ==			Repo			,,,	(Instr. 4)	
										l۷	Amount		(A) or Price		e Transaction(s) (Instr. 3 and 4)					
						2012		+		40.40			400	0.04						
Common Stock ⁽¹⁾ 02/01/2					1/2013	2013			F		12,425	5	D \$60.		0.04 33,752		D			
		-	-	Davissa	C			Λ	ad D	:) - · · · · ·						•	
		1									osed of, onvertib				y Owi	ieu				
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mher	6 Date F	verci	sable and	7 т	itle and		8. Pric	e of G	9. Number o	f 10.	11. Nature	
Derivative	Conversion	Date	Execution		Transa	Transaction		n of		Expiration Date			Amount of		Derivative		derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	if any		Code (8)	Instr.	tr. Derivative Securities		(Month/E	ear)	Securities Underlying			Security (Instr. 5)		Securities	Form: Direct (D)	Beneficial Ownership		
(Instr. 3) Price of Derivative Security (Month/Day/Year)					(۵)))		Acquired		Deriv					(ilisti. 5)		Beneficially Owned	or Indirect	(Instr. 4)	
					(A) o			(A) or Security (Ins				str. 3	3		Following	(I) (Instr. 4)	` ′			
								Disposed of (D)		ar							Reported Transaction(s)	(s)		
							(Instr. 3, 4										(Instr. 4)	"		
							and 5)							_						
			1					[_] T					Am	ount						
			1				1				Expiration		or Numl		1		1			
							1		Date				of	iibei						
					Code	v	(A)	(D)	Exercisa		Date	Title	e Sha	ares						

Explanation of Responses:

1. Pursuant to 10b5-1 Sales Plan

Remarks:

/s/ Sean Bowen, under power

02/05/2013

<u>of 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.