Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|-----------|
| obligations may continue. See | | |

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

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* Buckman Michael | | | | 2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC FLT | | | | | | | | k all app Direc | tionship of Reportir all applicable) Director | | 10% Ov | vner | | | | |
|---|--|---------|----------|---|-------------------------------------|--|---|--|-----------------|------------|---|--------------------|---|---|---|--|-----------------------|---|------------------|--|
| (Last) 3280 PE. | (Fir | , | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/23/2023 | | | | | | | | | | Officer (give title below) | | Other (s below) | sресіту <u> </u> | |
| SUITE 2400 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | ΓA GA | A 3 | 0305 | • | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rul | le 10 |)b5- | 1(c) | Trans | sact | ion Indi | catio | on | | | | | | | |
| Check this box to indicate that a transaction was made pursual satisfy the affirmative defense conditions of Rule 10b5-1(c). Se | | | | | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | oosed of | , or E | Benef | iciall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if an | | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | Disposed (| es Acquired (A) o Of (D) (Instr. 3, 4 a | | | | ies cially Following | Form (D) or | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice Repo | | orted saction(s) r. 3 and 4) | | | (Instr. 4) | | |
| Common Stock ⁽¹⁾ 01/23/ | | | | 2023 | | A | | 1,497 | A | \$ | 60.00 | 22 | 2,136 | | D | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | titve Conversion Date Execution Date, Trai ity or Exercise (Month/Day/Year) if any Coc | | | Transa Code (| Transaction of Code (Instr. Derivat | | rative rities pired r osed) | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

1. Restricted stock award for 2023 director service that vests 1/23/2024.

Remarks:

/s/ Crystal Williams, under a power of attorney

** Signature of Reporting Person Date

03/24/2023

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.