FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | DVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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

| 1. Name and Address of Reporting Person* <u>Dey Eric</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [FLT] | | | | | | | (Checl | k all app Dired | olicable) ctor | g Person(s) to I | Owner | | |
|--|---|-----|-------------------|----------|-------|---|--------|---|-----------------|-----------------|---|---|---------------------------------------|--|---------------------------------------|---|---|--|--|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2012 | | | | | | | | X Officer (give title Other (specify below) CFO & Secretary | | | | | |
| (Street) NORCROSS GA 30092 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | , | | | | |
| | | Tab | le I - N | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or E | Benefi | cially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | and 5) Secu Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pric | е | Trans | action(s) 3 and 4) | | (111501.4) | |
| Common Stock ⁽¹⁾⁽²⁾ 04/02/20 | | | | | | 012 | | S | | 8,220 | D | \$36 | 5.7134 | 1 | 60,739 | 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) | 2. Conversion or Exercise Price of Derivative Security | | Executi if any | any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerction Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | Deri Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

- 1. Pursuant to 10b5-1 sales plan
- 2. Ending balance on previously filed Form 4, filed on March 5, 2012, excluded 25,000 performance-based restricted shares due to administrative error. These shares, along with the 50,000 shares reported as acquired on November 3, 2011 should have been reported at the date of grant, February 4, 2011. The ending balance of securities beneficially owned by Mr. Dey has been adjusted to reflect the correct balance.

Remarks:

/s/ Sean Bowen, under power of attorney

04/04/2012

** 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.