FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| Check this box if no longer subject to |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Section 16. Form 4 or Form 5           |  |  |  |  |  |  |  |  |
| obligations may continue. See          |  |  |  |  |  |  |  |  |
| Instruction 1(b).                      |  |  |  |  |  |  |  |  |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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

| 1. Name and Address of Reporting Person*  Freund Charles Richard  (Last) (First) (Middle)  5445 TRIANGLE PARKWAY |   |  |                      |   |        | Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [ FLT ]      Date of Earliest Transaction (Month/Day/Year)     01/20/2016 |   |          |   |                      |  |  | Relationship of Reporting Person(s) to Issuer neck all applicable)  Director 10% Owner  X Officer (give title below) Cther (specify below)  EVP Corporate Strategy |   |  | vner  |  |
|--|---|--|----------------------|---|--------|--|---|----------|---|----------------------|--|--|--|---|--|---|--|
|  |   |  | 30092<br>(Zip)       |   | 4. 11  | Line   |   |          |   |                      |  |  |  | dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |  |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                              |   |  |                      |   | action | ction 2A. Deemed Execution Date,   |   |          | 3.<br>Transaction                           | str. 5) (A) or       |  | ed (A) or<br>str. 3, 4 and                               | 5. Amount of Securities Beneficially Owned Following Reported  |   | orm: Direct<br>) or Indirect<br>(Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of | 3. Transaction<br>Date<br>(Month/Day/Year) | uts,<br>I.<br>Transa |   |        |  |   | converti | 7. Title an of Securit Underlyin Derivative | d Amount<br>ies<br>g | 8. Price of Derivative Security (Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially | 10.<br>Ownership<br>Form:<br>Direct (D)  | Beneficial<br>Ownership   |  |   |  |
|  | Derivative<br>Security                      |  |                      | c | Code   | v  | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |          | Date<br>Exercisable                         | Expiration<br>Date   | (Instr. 3 au                               | Amount or Number of Shares                               |  | Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4)  | or Indirect<br>(I) (Instr. 4)              | (Instr. 4)  |  |
| Stock<br>Options <sup>(1)</sup>  | \$114.9                                     | 01/20/2016                                 |                      |   | A      |  | 44,000  |          | 01/20/2017                                  | 01/20/2026           | Common<br>Stock                            | 44,000   | \$0.00   | 44,000  | D  |   |  |

## **Explanation of Responses:**

1. Options vest ratably (50%) annually on each of January 20, 2017 and 2018.

## Remarks:

/s/ Crystal Williams, under power of attorney

03/11/2016

\*\* 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.