FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | hours per response: | 0.5 |

| | Check this box if no longer subject to |
|--------|--|
| \neg | 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>STULL STEVEN T</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [FLT] | | | | | | | | | | p of Reportin blicable) ctor | g Person | (s) to Is | |
|--|--|------------------|----------|---|-----------------|---|--------|--|-------|--|--|---------------|----------------|---------------------------------------|---|---|----------|--|------------|
| | ANGLE P | irst) PARKWAY | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/13/2012 | | | | | | | | | Offic below | er (give title w) | | Other (specify below) | |
| SUITE 400 (Street) NORCROSS GA 30092 | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | /ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefi | cially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price |) | Trans | action(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock ⁽¹⁾⁽²⁾ | | | 08/13/2 | 2012 |)12 | | | S | | 19,560 | D | \$3 | 9.93 | 1, | 149,829 | I | | by Funds |
| Common Stock ⁽²⁾ 08/13/20 | | | | | 2012 |)12 | | | S | | 49,005 | D | \$4 | \$40.04 | | 1,100,824 | | | by Funds |
| Common Stock ⁽²⁾ 08/14/20 | | | | | 2012 |)12 | | | S | | 50,995 | D | \$4 | \$40.65 | | 1,049,829 | | | by Funds |
| Common | ommon Stock ⁽²⁾ 08/15/20 | | | | |)12 | | S | | 50,000 | D | \$41 | \$41.3726 | | 999,829 | | | by Funds | |
| | | Т | able II | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution if any (Month/D) | | on Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) Amo or Num of Title Shar | | Deri Sec (Ins: | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Pursuant to 10b5-1 plan.
- 2. Reporting person has shared voting power with respect to shares held by Advantage Capital Partners and related entities and may be deemed to beneficially own such shares. Reporting person disclaims beneficial ownership in the shares except to the extent of his pecuniary interest therein.

Remarks:

/s/ Sean Bowen, under power of attorney 08/15/2012

** 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.