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

| Name and Address of Reporting Person*     Blazye Andrew  |   |  |  |      |   | 2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [ FLT ] |     |  |     |                    |  |  |   | of Reporting<br>cable)<br>or<br>(give title   | Person  | 10% Ow<br>Other (s   | ner   |
|--|---|--|--|------|---|---|-----|--|-----|--------------------|--|--|---|---|---|--|---|
| (Last) (First) (Middle) 5445 TRIANGLE PARKWAY SUITE 400  |   |  |  |      | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2017 |   |     |  |     |                    |  |  | X Officer (give title Other (specify below)  CEO, Europe  |   |   |  |   |
| (Street) NORCROSS GA 30092 (City) (State) (Zip)  |   |  |  |      | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |     |  |     |                    |  |  | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |  |  |      |   |   |     |  |     |                    |  |  |   |   |   |  |   |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |  |  |      | Execution Date,   |   |     | Transaction Disposed C<br>Code (Instr. 5)                      |     |                    | ties Acquired (A) or<br>I Of (D) (Instr. 3, 4 and  |  | Beneficial Owned F Reported   | es   I<br>ally   (<br>Following   (   | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |  |      |   |   |     | Code   | ٧   | Amount             | (A) or<br>(D)  | Price                                  | Transact<br>(Instr. 3   | and 4)  |   |  |   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |  |      |   |   |     |  |     |                    |  |  |   |   |   |  |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Dat<br>if any<br>(Month/Day/Ye | Code | saction<br>(Instr.  |   |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     |                    | 7. Title and Amoun<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | Derivative<br>Security  | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | / Oi<br>Fo<br>Oi<br>(I)                           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |
|  |   |  |  | Code | . V   | (A)   | (D) | Date<br>Exercisabl   |     | expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |   |  |   |
| Stock<br>Options <sup>(1)</sup>  | \$150.74  | 01/25/2017                                 |  | A    |   | 88,000  |     | 12/31/2019   | 9 0 | 1/25/2027          | Common<br>Stock  | 88,000                                 | \$150.74  | 88,000  |   | D  |   |

## **Explanation of Responses:**

1. Options vest 0% in 2017 and 2018 and then ratably (50%) on each of December 31, 2019 and 2020.

## Remarks:

/s/ Crystal Williams, under power of attorney

01/27/2017

\*\* 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.