FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|--|--|
| I | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burde | en | | | | | | | | | |
| | 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

| Name and Address of Reporting Person* Huff Van | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC [FLT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specifications) | | | | |
|--|---|------------|-----------|----------------------------|-------|---|---|--------------------------|-------------------------------|---|---|---|---|---------------------------------|---|--|---|---|--|
| (Last) (First) (Middle) 655 ENGINEERING DRIVE SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/29/2011 | | | | | | | | | Chief Information Offi | | | | |
| (Street) NORCROSS GA 30092 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | on-Deri | vativ | e Se | curit | ies Ac | quired | l, Dis | sposed o | f, or Be | neficia | ly Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transa Code (I 8) | ction Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Benefic Owned | es ially Following | Form (D) o | Ownership orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common | Stock | /2011 | 011 | | | M | | 20,843 | A | \$1.55 | 6 24 | ,129 | | D | | | | | |
| Common | Stock ⁽¹⁾ | /2011 | 011 | | | S | | 20,843 | D | \$28.23 | 12 3, | 286 | | D | | | | | |
| Common Stock 08/30/2 | | | | | | | 011 | | | | 867 | A | \$1.55 | 6 4, | 153 | | D | | |
| Common Stock 08/30/2 | | | | | | | 011 | | | | 29,783 | A | \$5.2 | 33,936 | | | D | | |
| Common | Stock ⁽¹⁾ | /2011 | 011 | | S | | 30,650 | D | \$28.07 | 88 3, | ,286 | | D | | | | | | |
| | | - | Table II | | | | | | | | osed of, | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tle of 2. 3. Transaction Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | ransaction code (Instr. | | | | Exerci on Da Day/Y | | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option | \$5.2 | 08/30/2011 | | | M | | | 29,783 | 10/01/2 | 008 | 12/13/2015 | Common Stock | 29,783 | \$0.00 | 95,217 | 7 | D | | |
| Employee Stock Options | \$1.556 | 08/29/2011 | | | M | | | 20,843 | 10/01/2 | 800 | 12/07/2014 | Common Stock | 20,843 | \$0.00 | 198,86 | 7 | D | | |
| Employee Stock Options | \$1.556 | 08/30/2011 | | | M | | | 867 | 10/01/2 | 008 | 12/07/2014 | Common Stock | 867 | \$0.00 | 198,00 | 0 | D | | |

Explanation of Responses:

1. Pursuant to 10b5-1 sales plan

Remarks:

/s/ Sean Bowen, under power of 08/30/2011 <u>attorney</u>

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).