Edgar Filing: FLEETCOR TECHNOLOGIES INC - Form 4

FLEETCOF Form 4	R TECHNOLOG	IES INC									
March 30, 2	2015										
FORM	ЛД								OMB AF	PROVAL	
	UNITE) STATES		RITIES A			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check the check	nger	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:	January 31, 2005	
subject section	10								Estimated a burden hour		
Form 4		SECONTIES								s per 0.5	
Form 5 obligation	nn c *						•	Act of 1934,			
may cor	section 1			•	•	-	iy Act of ct of 194(1935 or Section			
<i>See</i> Inst 1(b).	ruction	50(11)	or the h	i vestinen	t Compu			,			
	D										
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>2</u> . Iss				ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Blazye And	lrew		Symbol	5				Issuer			
			FLEETCOR TECHNOLOGIES INC [FLT]				ES INC	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction				Director 10% Owner			
5445 TDIA	NCLE		(Month/Day/Year) 03/24/2015					_X_ Officer (give title Other (specify below) below)			
5445 TRIANGLE PARKWAY, SUITE 400				2015				CEO, Europe			
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of											
Converter	2. Transaction Dat								6. Ovvæseshie	7. Nature of	
Security (Instr. 3)	2. Transaction Dat (Month/Day/Year					sed of	(D)	5. Amount of Securities Beneficially	6. Ownership Form:		
) Execution any		Transactio	omr Dispos	sed of	(D)	Securities Beneficially Owned	Ownership Form: Direct (D)	Indirect Beneficial Ownership	
) Execution any	n Date, if	Transactio Code	omr Dispos	sed of 4 and	(D)	Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial	
) Execution any	n Date, if	Transactio Code (Instr. 8)	omr Dispos (Instr. 3,	(A) or	(D) 5)	Securities Beneficially Owned Following	Ownership Form: Direct (D) or Indirect	Indirect Beneficial Ownership	
	(Month/Day/Year) Execution any	n Date, if	Transactio Code (Instr. 8) Code V	onor Dispos (Instr. 3, Amount	(A) or (D)	(D) 5) Price	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership	
(Instr. 3)) Execution any	n Date, if	Transactio Code (Instr. 8)	omr Dispos (Instr. 3,	(A) or	(D) 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership	
(Instr. 3) Common	(Month/Day/Year) Execution any	n Date, if	Transactio Code (Instr. 8) Code V	OTOT Dispos (Instr. 3, Amount 8,333	(A) or (D)	(D) 5) Price	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 23,090	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership	

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

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 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Blazye Andrew 5445 TRIANGLE PARKWAY SUITE 400 NORCROSS, GA 30092			CEO, Europe				
Signatures							
/s/ Sean Bowen, under power of attorney		03/30/20)15				
<u>**</u> Signature of Reporting Person		Date					

Explanation of Responses:

* 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).

(1) Pursuant to 10b5-1 sales plan

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.