Clarke Ronald Form 4 June 29, 2018

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Last)

(City)

5445 TRIANGLE

PARKWAY, SUITE 400

(Print or Type Responses)

1. Name and Address of Reporting Person * Clarke Ronald

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

FLEETCOR TECHNOLOGIES INC

(Check all applicable)

[FLT]

(First) (Middle)

3. Date of Earliest Transaction

X Director 10% Owner Other (specify

(Month/Day/Year)

X_ Officer (give title

03/29/2018

CEO & Chairman of BOD

(Street) 4. If Amendment, Date Original

(Zin)

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

below)

PEACHTREE CORNERS, GA 30092

(State)

| (City) | (State) | Table | e I - Non-D | erivative Sec | curitie | s Acqu | iired, Disposed of | , or Beneficiall | y Owned |
|--------------------------------------|---|---|--|---|---------|--|--|---|---------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 03/29/2018 | | M | 70,000 | A | \$ 10 | 500,666 | D | |
| Common Stock | 06/28/2018 | | M | 120,000 | A | \$ 10 | 620,666 | D | |

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. Transactic Code (Instr. 8) | orDeri Secu Acqı Disp | umber of vative urities uired (A) or losed of (D) r. 3, 4, and | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|--|--------------------------------|---|--|--------------------|---|--------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amoun Numbe Shares |
| Employee Stock Options | \$ 10 | 03/29/2018 | | M | | 70,000 | 06/17/2013 | 06/17/2019 | Common Stock | 70,00 |
| Employee Stock Options | \$ 10 | 06/28/2018 | | M | | 120,000 | 06/17/2013 | 06/17/2019 | Common Stock | 120,0 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------------------|-------|--|--|--|
| • 0 | Director | 10% Owner | Officer | Other | | | |
| Clarke Ronald 5445 TRIANGLE PARKWAY SUITE 400 PEACHTREE CORNERS, GA 30092 | X | | CEO & Chairman of BOD | | | | |

Signatures

Crystal Williams, under power of attorney 06/29/2018

**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).

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.

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