## Edgar Filing: FLEETCOR TECHNOLOGIES INC - Form 4

|   | Lugariim   | Ig. I LELIOOI   |                         |  | 0 I UIII 4  |  |   |  |  |
|---|--|-----------------|-------------------------|--|---|--|---|--|--|
| FLEETCOR TECH<br>Form 4<br>May 12, 2015   | HNOLOGIES INC  |                 |                         |  |   |  |   |  |  |
|   |  |                 |                         |  |   |  | OMB APPROVAL  |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |  |                 |                         |  |   |  | 3235-0287   |  |  |
|   |  |                 |                         |  | Act of 1934,  | Lanuary 31,Expires:2005Estimated averageburden hours perresponse0.5        |   |  |  |
| <i>See</i> Instruction 1(a) of the Investment Company Act of 1940<br>1(b).  |  |                 |                         |  |   |  |   |  |  |
| (Print or Type Responses)   |  |                 |                         |  |   |  |   |  |  |
| 1. Name and Address<br>STULL STEVEN   |  |                 |                         | 5. Relationship of Reporting Person(s) to Issuer |   |  |   |  |  |
| [FLT]   |  |                 |                         |  | (Check all applicable)  |  |   |  |  |
| (Last) (F<br>5445 TRIANGLE  | 3. Date of Earliest<br>(Month/Day/Year<br>05/08/2015   | Month/Day/Year) |                         |  | _X Director 10% Owner<br>Officer (give title Other (specify<br>below) below)                            |  |   |  |  |
| PARKWAY, SUI  | ITE 400  |                 |                         |  |   |  |   |  |  |
| (S  | (Street) 4. If Amendment, Date Original<br>Filed(Month/Day/Year)                               |                 |                         |  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |   |  |  |
| NORCROSS, GA 30092<br>Person<br>Form filed by More than One Reporting<br>Person   |  |                 |                         |  |   |  |   |  |  |
| (City) (S   | State) (Zip)   | Table I - Nor   | n-Derivative Sec        | urities Acqu                                     | ired, Disposed of,  | or Beneficiall   | y Owned   |  |  |
|   | . Transaction Date 2A. Deemed<br>Month/Day/Year) Execution Date, if<br>any<br>(Month/Day/Year) |                 |                         | )<br>)<br>)                                      | Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)  | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common<br>Stock 05/08   | /2015  | Code V<br>S     | 7 Amount (D<br>12,731 D |  | (Instr. 3 and 4)<br>6 15,121  | Ι  | by Funds  |  |  |
| Common 05/11<br>Stock   | /2015  | S               | 6,004 D                 | \$<br>155.276                                    | 8 9,117   | Ι  | by Funds  |  |  |

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

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 control number.

## Edgar Filing: FLEETCOR TECHNOLOGIES INC - Form 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 Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | le and<br>int of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|---|---|---|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares            |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting o wher runne / runness   | Director      | 10% Owner | Officer | Other |  |  |  |
| STULL STEVEN T<br>5445 TRIANGLE PARKWAY<br>SUITE 400<br>NORCROSS, GA 30092 | X             |           |         |       |  |  |  |
| Signatures   |               |           |         |       |  |  |  |
| /s/ Sean Bowen, under power of attorney                                    |               | 05/12/20  | )15     |       |  |  |  |
| **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.