Edgar Filing: FLEETCOR TECHNOLOGIES INC - Form 4

FLEETCOR Form 4	TECHNOLO	GIES INC									
August 10, 2	2012										
FORM	14								OMB AF	PROVAL	
	UNITE	CD STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	aer								Expires:	January 31, 2005	
subject to	$_{0}$ SIAI.	EMENTO	OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES					NERSHIP OF	Estimated average		
Section 1 Form 4 c				SECON					burden hour response	rs per 0.5	
Form 5 obligatio	-	•					•	e Act of 1934,			
may con	tinue. Section			•	•	· ·		1935 or Section	1		
See Instr 1(b).	uction	50(II)	of the m	vestment	Compan	y Aci	1 01 194	0			
1(0).											
(Print or Type]	Responses)										
1. Name and A	Address of Report	ing Person *	2 Issue	r Name and	l Ticker or '	Tradir	σ	5. Relationship of	Reporting Person(s) to		
			Symbol			Tuun	.2	Issuer			
				EETCOR TECHNOLOGIES INC				(Check all applicable)			
[]				[FLT]				()			
(Last)	(First)	(Middle)	3. Date of	f Earliest Ti	ansaction			X Director Officer (give		Owner r (specify	
(Last) 5445 TRIA	× /	(Middle)		Day/Year)	ransaction			X Director Officer (give below)			
5445 TRIA	× /	(Middle)	3. Date of (Month/E	Day/Year)	ransaction			Officer (give	title Othe		
5445 TRIA	NGLE	(Middle)	 3. Date of (Month/E) 08/08/2 4. If Ame 	Day/Year) 012 endment, Da	te Original			Officer (give	title Othe below)	r (specify	
5445 TRIA	NGLE Y, SUITE 400	(Middle)	 3. Date of (Month/E) 08/08/2 4. If Ame 	Day/Year) 012	te Original			Officer (give below)6. Individual or JoApplicable Line)	titleOthe below)	r (specify g(Check	
5445 TRIA PARKWAY	NGLE Y, SUITE 400	(Middle)	 3. Date of (Month/E) 08/08/2 4. If Ame 	Day/Year) 012 endment, Da	te Original			Officer (give below)	titleOthe below) int/Group Filin one Reporting Per	r (specify g(Check rson	
5445 TRIA PARKWAY	NGLE Y, SUITE 400 (Street)	(Middle) (Zip)	 Date or (Month/E 08/08/2 If Ame Filed(Monthing) 	Day/Year) 012 endment, Da nth/Day/Year	tte Original		ties Acq	 Officer (give below) 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M 	title Othe below) int/Group Filin one Reporting Per fore than One Rep	r (specify g(Check rson porting	
5445 TRIA PARKWAY NORCROS (City) 1.Title of	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E	(Zip) Date 2A. Deer	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3.	nte Original) Derivative S 4. Securit:	Securi	quired	 Officer (give below) 6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person uired, Disposed of 5. Amount of 	title Othe below) int/Group Filin one Reporting Per ore than One Rep , or Beneficiall 6.	r (specify g(Check rson porting l y Owned 7. Nature of	
5445 TRIA PARKWAY NORCROS (City)	NGLE Y, SUITE 400 (Street) S, GA 30092 (State)	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned n Date, if	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactio Code	nte Original) Derivative S 4. Securit:	Securi ies Ac	quired of (D)	 Officer (give below) 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially 	title Othe below) int/Group Filin one Reporting Per ore than One Rep , or Beneficiall	r (specify g(Check rson porting ly Owned 7. Nature of Indirect	
5445 TRIA PARKWAY NORCROS (City) 1.Title of Security	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactio Code	tte Original) Derivative S 4. Securiti n(A) or Dis	Securi ies Ac	quired of (D)	 Officer (give below) 6. Individual or Jo Applicable Line) _X_ Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned 	title Othe below) int/Group Filin one Reporting Per fore than One Rep or Beneficiall 6. Ownership Form: Direct (D) or	r (specify g(Check rson porting y Owned 7. Nature of Indirect Beneficial Ownership	
5445 TRIA PARKWAY NORCROS (City) 1.Title of Security	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned n Date, if	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactio Code	tte Original) Derivative S 4. Securiti n(A) or Dis	Securi ies Ac sposed 4 and 5	quired of (D)	 Officer (give tbelow) 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported 	title Othe below) int/Group Filin one Reporting Per ore than One Rep or Beneficiall 6. Ownership Form: Direct	r (specify g(Check rson porting ly Owned 7. Nature of Indirect Beneficial	
5445 TRIA PARKWAY NORCROS (City) 1.Title of Security	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned n Date, if	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactio Code (Instr. 8)	nte Original) Derivative S 4. Securiti on(A) or Dis (Instr. 3, 4)	Securi ies Ac sposed 4 and 5 (A) or	quired of (D)	 Officer (give below) 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	title Othe below) int/Group Filin one Reporting Per fore than One Rep or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I)	r (specify g(Check rson porting y Owned 7. Nature of Indirect Beneficial Ownership	
5445 TRIA PARKWAY NORCROS (City) 1.Title of Security (Instr. 3)	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E (Month/Day/Ye	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned n Date, if	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactic Code (Instr. 8) Code V	nte Original) Derivative S 4. Securiti or(A) or Dis (Instr. 3, 4 Amount	Securi ies Ac sposed and f (A)	quired of (D) 5) Price	 Officer (give below) 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	title Othe below) int/Group Filin one Reporting Per- tore than One Rep or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	r (specify g(Check rson porting ly Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)	
5445 TRIA PARKWAY NORCROS (City) 1.Title of Security	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned n Date, if	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactio Code (Instr. 8)	nte Original) Derivative S 4. Securiti on(A) or Dis (Instr. 3, 4)	Securi ies Ac sposed 4 and 5 (A) or	quired of (D)	 Officer (give below) 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	title Othe below) int/Group Filin one Reporting Per fore than One Rep or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I)	r (specify g(Check rson porting y Owned 7. Nature of Indirect Beneficial Ownership	
5445 TRIA PARKWAY NORCROS (City) 1.Title of Security (Instr. 3)	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E (Month/Day/Ye 08/08/2012	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned n Date, if	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactic Code (Instr. 8) Code V S	 Derivative \$ 4. Securition(A) or Dis (Instr. 3, 4) Amount 5,797 	Securi ies Ac sposed 4 and 5 (A) or (D) D	quired of (D) 5) Price \$ 36.75	 Officer (give below) 6. Individual or Jo Applicable Line) _X_Form filed by O _Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 1,213,592 	 title Othe below) int/Group Filin one Reporting Performer than One Reporting Performer than One Reporting Performer than One Report of the second seco	r (specify g(Check rson porting ly Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4) by Funds	
5445 TRIA PARKWAY NORCROS (City) 1.Title of Security (Instr. 3) Common Stock (1) (2)	NGLE Y, SUITE 400 (Street) S, GA 30092 (State) 2. Transaction E (Month/Day/Ye	(Zip) Date 2A. Deer ar) Executio any	3. Date of (Month/E 08/08/2 4. If Ame Filed(Mon Table ned n Date, if	Day/Year) 012 endment, Da nth/Day/Year le I - Non-I 3. Transactic Code (Instr. 8) Code V	nte Original) Derivative S 4. Securiti or(A) or Dis (Instr. 3, 4 Amount	Securi ies Ac sposed 4 and 5 (A) or (D) D	quired of (D) 5) Price \$	 Officer (give below) 6. Individual or Jo Applicable Line) _X_Form filed by O _Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 1,213,592 	title Othe below) int/Group Filin one Reporting Per- tore than One Rep or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	r (specify g(Check rson porting ly Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)	

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde: Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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						
Reporting o wher runne / runne /	Director	10% Owner	Officer	Other			
STULL STEVEN T 5445 TRIANGLE PARKWAY SUITE 400 NORCROSS, GA 30092	X						
Signatures							
/s/ Sean Bowen, under power of attorney		08/10/20	012				
**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

Reporting person has shared voting power with respect to shares held by Advantage Capital Partners and related entities and may be(2) deemed to beneficially own such shares. Reporting person disclaims beneficial ownership in the shares except to the extent of his pecuniary interest therein.

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.