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Schmit Will Form 4	iam									
June 05, 201	12									
FORM	14				~~~			OMB AF	PROVAL	
	• • UNITED S'		RITIES A ashington			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th	nis box	vv	asington	, D.C. 20	349				January 31,	
if no lon subject to Section Form 4 of Form 5	o STATEMI 16. or		NERSHIP OF	DF Estimated average burden hours per response						
Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type)	Responses)									
1. Name and Address of Reporting Person * Schmit William2. Issuer Symbol				d Ticker or	Tradir	ıg	5. Relationship of Reporting Person(s) to Issuer			
		FLEE [FLT]	FLEETCOR TECHNOLOGIES INC [FLT]				(Check all applicable)			
(Last)	(First) (Mi		of Earliest T	ransaction			Director X Officer (give		Owner er (specify	
5445 TRIA	NGLE		nth/Day/Year))1/2012				below) below) Pres, Major Oil Card Programs			
	Y, SUITE 400	00,01	2012				Pres, Majo	r Oli Card Prog	grams	
	(Street)	4. If Aı	nendment, D	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
Filed(Mon				ır)			Applicable Line) _X_ Form filed by One Reporting Person			
NORCROSS, GA 30092				Form filed by More than One Reporting Person						
(City)	(State) (Z	Zip) Ta	ble I - Non-	Derivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year)	. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)				quired l of (D) 5)	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 (1)	06/01/2012		М	12,600	А	\$ 14	137,600	D		
Common Stock (1)	06/01/2012		S	12,600	D	\$ 36.31	125,000	D		
Common Stock (1)	06/04/2012		М	10,300	А	\$ 14	135,300	D		
Common Stock (1)	06/04/2012		S	10,300	D	\$ 36.19	125,000	D		
Common Stock (1)	06/05/2012		М	6,700	А	\$ 14	131,700	D		

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Common Stock (1) 06/05/2012 S 6,700 D ^{\$}/_{36.92} 125,000 D

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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned	ed
(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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	erivative Expiration Date curities (Month/Day/Year) cquired (A) Disposed of) nstr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options (1)	\$ 14	06/01/2012		М	12,600	02/25/2012	02/25/2018	Common Stock	12,600
Employee Stock Options (1)	\$ 14	06/04/2012		М	10,300	02/25/2012	02/25/2018	Common Stock	10,300
Employee Stock Options (1)	\$ 14	06/05/2012		М	6,700	02/25/2012	02/25/2018	Common Stock	6,700

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Schmit William 5445 TRIANGLE PARKWAY SUITE 400 NORCROSS, GA 30092			Pres, Major Oil Card Programs				
Signatures							
/s/ Sean Bowen, under power of	•						
attorney		06/05/20	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

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.