FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasinington,	D.C.	20343

OWNERSHIP

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPRO	OVAL
OMB Number:	3235-0362
Estimated average burd	en
hours per response:	1.0

Form 3 Holdings Reported.

Instruction 1(b)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned					
common s	shares		11/29/2017			G		1,	220	D	\$0	25		254,415		D		
common s	shares		11/29/2017			G		1,	220	D	\$0		255,635			D		
common s	shares		11/29/2017			C	3	20	,000	D	\$0		256	5,855		D		
common s	shares		11/29/2017				G		956	D	\$0		276,855			D		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5) Amount (A) or (D) Price			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
			e I - Non-Deriv	1	_		quire	1	-			_						
(City)	(Sta	ate) (2	Zip)	-								Person						
(Street) SALT LA CITY	AKE UT	? 8	4119	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(Last) (First) (Middle) 2200 WEST PARKWAY BLVD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 08/31/2018							Chief Executive Officer							
WHITN	MAN ROI	Reporting Person* BERT A			2. Issuer Name and Ticker or Trading Symbol FRANKLIN COVEY CO [FC]						5. Relationship of Report (Check all applicable) X Director X Officer (give title)				10% Othe	Owner r (specify		

Explanation of Responses:

/s/ Stephen D. Young, Attorney-in-Fact

10/11/2018

** Signature of Reporting Person

Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ 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).