Instruction 1(b)

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

OWNERSHIP

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

	OMB APPI	ROVAL						
	OMB Number:	3235-0362						
	Estimated average burden							
- 1	haira nar raananaa.	1.0						

I I Form 3	Holdings Repo	rted.												no per	response.	1.0
_	Transactions R		File	d pursuant to or Section					ities Excha ompany Ac							
Name and Address of Reporting Person* Davis Clifton Todd			2. Issuer Name and Ticker or Trading Symbol FRANKLIN COVEY CO [FC]							Check all ap Dire V Offic	nip of Reporting Population (Population) ector ector ect (give title		10%	Issuer Owner r (specify		
(Last) (First) (Middle) C/O FRANKLINCOVEY COMPANY 2200 WEST PARKWAY BLVD.				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 08/31/2015						Year)	VP People Services					
(Street) SALT LA	UI		4119	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Appl Line) X Form filed by One Reporting Person Form filed by More than One Reportin Person				rson		
(City)	(Sta	ate) (Z	Zip)													
		Table	e I - Non-Deriv	ative Seci	uritie	es Ac	quire	d, Dis	sposed	of, or	Benefici	ally Own	ed			
1. Title of Security (Instr. 3)		2. Transaction	Execution Date Year) if any		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disnosed	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct		7. Nature of	
			Date (Month/Day/Year)	if any	<i>'</i>	Code (ection				от Візрозси	Securit Benefic	ies :ially	Own	ership 1: Direct	Indirect Beneficial
					<i>'</i>		iction Instr.		(Instr. 3, 4 a		Price	Securit Benefic Owned Issuer's	ies ially at end of	Own Form (D) o	ership n: Direct or ect (I)	Indirect
common s	shares			if any	<i>'</i>	Code (action (Instr.	Of (D)	(Instr. 3, 4 a	(A) or		Securit Benefic Owned Issuer's Year (Ir 4)	ies ially at end of s Fiscal	Own Form (D) o	ership n: Direct or ect (I)	Indirect Beneficial Ownership
common s	shares	Ta	(Month/Day/Year) 11/20/2014 ble II - Derivat	if any (Month/Day/\	Year)	Code (8)	ired,	Amour 1,	(Instr. 3, 4 a	(A) or (D) D	Price \$0	Securit Benefic Owned Issuer's Year (Ir 4)	ies cially at end of s Fiscal str. 3 and	Own Form (D) o	ership n: Direct r ect (I) r. 4)	Indirect Beneficial Ownership

Explanation of Responses:

Remarks:

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

10/05/2015 ** Signature of Reporting Person Date

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

- * 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.

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.