FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C	20549
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STATEMENT	OF CHANGES II	N BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response	e: 0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* WHITMAN ROBERT A					2. Issuer Name and Ticker or Trading Symbol FRANKLIN COVEY CO [FC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					1	[[[] [] [] [] [] [] [] [] []								X	Direc	or 10% Owne		wner		
(Last)	(Fir	rst) (N	/liddle)		Date of Earliest Transaction (Month/Day/Year)								_	X	X Officer (give title below)			Other (below)	specify	
2200 WEST PARKWAY BLVD					01/25/2021							Chief Executive Officer								
(Street)											6. Individual or Joint/Group Filing (Check Applicable Line)									
CITY	UI	Γ 8	4119											X	Form	filed by One Reporting Person				
-															orting					
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	y Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			, 4 and Securi Benefi		ties Fo cially (D) d Following (I)			7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	Amount	(A) (D)	or Pri	ce	Transa	action(s) 3 and 4)			(111501.4)						
common shares 01/25/20					2021			F		3,958	D	\$2	25.04	.04 602,624			D			
	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)	titve Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)		4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numb of Share:		nt er				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

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

01/26/2021

** 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.