FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| )                                  | Check this box if no longer subject to<br>Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b). |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| Name and Address of Poporting Pore |  |  |  |  |  |  |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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  | /F:-   | 1. Name and Address of Reporting Person*  WHITMAN ROBERT A |      |       |  |   |  | 2. Issuer Name and Ticker or Trading Symbol FRANKLIN COVEY CO [ FC ] |   |   |   |          |  |  |  |   | g Person(s) to Issuer  10% Owner  Other (specify below)           |  |
|--|--|--|------|-------|--|---|--|--|---|---|---|----------|--|--|--|---|---|--|
| (Last) (First) (Middle) 2200 WEST PARKWAY BLVD   |  |  |      |       |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2008 |  |  |   |   |   |          |  |  | belo   | ,   | cutive Officer  | )  |
| (Street) SALT LA CITY  | ALT LAKE X1 84119  |  |      | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |  |   |   |   |          | Line   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |   |   |  |
| (City)   | (St  | ate) (2  | Zip) |       |  |   |  |  |   |   |   |          |  |  |  |   |   |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |  |      |       |  |   |  |  |   |   |   |          |  |  |  |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |  |      |       |  | Execution   |  |  | 3.<br>Transaction<br>Code (Instr.<br>8) |   | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 5) |          |  |  | Secur<br>Benef                               | icially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |  |  |      |       |  |   |  |  | Code                                    | v   | Amount  | (A<br>(E | () or<br>()  | Price  |  | action(s)<br>3 and 4)   |   |  |
| common stock 12/11/2   |  |  |      |       | /2008  |   |  |  |   |   | 29,30   | 0 D \$   |  | \$ <mark>0</mark>  | 2,2  | 215,450   | D   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |      |       |  |   |  |  |   |   |   |          |  |  |  |   |   |  |
|  | ative Conversion Date Execution Date,<br>ity or Exercise (Month/Day/Year) if any |  |      | Date, | 4.<br>Transaction<br>Code (Instr.<br>8)                  |   | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | Expiratio                               | 5. Date Exercisable and Expiration Date Month/Day/Year)  Date Expiration Exercisable Date |   |          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4)  Amoun<br>or<br>Number<br>of<br>Title Shares |  | Price of<br>erivative<br>ecurity<br>nstr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

**Explanation of Responses:** 

Remarks:

/s/ Robert A. Whitman

04/21/2009

\*\* 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.