FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(b) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Davis Clifton Todd</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol FRANKLIN COVEY CO [FC] | | | | | | | | Check | all app | olicable) | g Person(s) to I | | |
|--|--|--|---------------|--|--|--|--|--|--|-----------|--|---------------------------------|--|---|--|------------------|--|--|
| (Last) (First) (Middle) C/O FRANKLINCOVEY COMPANY 2200 WEST PARKWAY BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2014 | | | | | | | | X | belov | | | |
| (Street) SALT LA CITY (City) | ניט | | 34119 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv ₋ine) X | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | ear) Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (| | Acquired (A) or (D) (Instr. 3, 4 and 5) | | Beneficia | | ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (Instr. 4) | | | |
| common shares 04/08/201 | | |)14 | 14 | | S | | 26,000 | D | \$19.69 | 93(1) | | 8,964 | 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) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price o Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.50 to \$20.00, inclusive. The reporting person undertakes to provide Franklin Covey Co., any security holder of Franklin Covey Co., or the staff of the Securities and Exchange Commission, on request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote to this Form 4.

Remarks:

/s/ Stephen D. Young, Attorney-in-Fact 04/10/2014

** 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.