FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |
| hours per response: | 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

| | | | | | | | | 00 . | | 00. | ilpully Act | | | | | | | | | |
|--|---|--------|----------|---|---------|--|---------|--|------------------|-----|---|----------|-----------------|---|--|---|---|---|---------------------|--|
| Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol FRANKLIN COVEY CO [FC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Moon Shawn D | | | | | 1 | THE THE COVER GO [10] | | | | | | | | | | Direc | ctor | 10 | % Owner | |
| | | | | | - - | O Date of Farling Transporting (Marth (Day)) | | | | | | | | \dashv | X | Office | er (give title v) | | ner (specify ow) | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/16/2014 | | | | | | | | | Executive Vice President | | | | | |
| 2200 WEST PARKWAY BLVD. | | | | | . 04/ | 04/10/2014 | | | | | | | | | | - | meedire v | ree rresid | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SALT LAKE CITY 84119 | | | | | | | | | | | | | | X | , , , | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (SI | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Da | | n Date, | Code (Instr. | | | | | | 4 and Sec | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | |
| | | | | | | | | | Code | v | Amount | () 1) | A) or D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (man. 4) | |
| common shares 04/16/2 | | | | | /2014 | | | | | | 4,994 | | D | \$19.29 | | 8,904 | | 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, ecurity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersi Form: Direct (E or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Stephen D. Young, Attorney-in-Fact 04/18/2014

** 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.