FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

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

Washington, D.C. 20549

Check this box if no longer subject to SIAIEWENT OF CHANGES IN BENEFICIAL OVVNERSE Section 16. Form 4 or Form 5	Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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**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. Name and Address of Reporting Person  Meyer William Stan						Grand Canyon Education, Inc. [ LOPE ]								reiationship neck all appli Direct	cable) or	g Pers	10% Ov	/ner
(Last) (First) (Middle) 3300 W. CAMELBACK ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/21/2017								helow)	er (give title Other (specify below)  Chief Operating Officer			pecily
(Street) PHOENIX AZ 85017 (City) (State) (Zip)				-   4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
(City)				n-Deri	vativ	e Sec	curit	ties Ac	quired,	Dis	sposed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date		on Date,	Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			Benefic Owned	es ially Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 02/21/2					1/2017	:017			М		20,000	A	\$12	12	121,362		D	
Common Stock 02/21/20				1/2017	2017					20,000	D	\$60.66	j <sup>(2)</sup> 10	101,362		D		
		7	Table II -								osed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to	\$12	02/21/2017			M			20,000	11/19/20	13	11/18/2018	Common Stock	20,000	\$0.00	101,31	.5	D	

## **Explanation of Responses:**

- $1.\ These\ sales\ were\ effected\ pursuant\ to\ a\ 10b5-1\ plan\ adopted\ by\ the\ reporting\ person\ dated\ December\ 14,\ 2016.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.50 to \$61.31, inclusive. The reporting person undertakes to provide to Grand Canyon Education, Inc., any security holder of Grand Canyon Education, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote for this Form 4.

## Remarks:

/s/ Lyn Bickle, Attorney-in-fact 02/23/2017

\*\* 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.