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 burden | | | | | | | | | |

0.5

hours per response:

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

| | | | | | OI : | Sectio | 11 30(11) | or the | mvesime | ent Co | ompany Act | 01 1940 | | | | | | |
|---|---|--|--|----------|---------------------------|---|-----------|--|------------------------------|--------|-----------------------|---------|---------------------------------------|--|---|---|--|--|
| 1. Name and Address of Reporting Person [*] Mildenhall Joseph N | | | | | | 2. Issuer Name and Ticker or Trading Symbol Grand Canyon Education, Inc. [LOPE] | | | | | | | | | | olicable) | g Person(s) to | Ssuer |
| (Last) (First) (Middle) 3300 W. CAMELBACK ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2017 | | | | | | | | X | belov | , | Other (specify below) nation Officer | |
| (Street) PHOENIX AZ 85017 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) X | Forn Forn | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | on-Deriv | ative/ | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or E | Benefi | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transactinate (Month/Day) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | | | and 5) Secu Bene Owne | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) c | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/09/20 | | | | 2017 | 017 | | S | | 6,345 | D | \$7 | 9.65(1) | 9 | 6,728 | D | | | |
| Common Stock 05/10/20 | | | | 2017 | 017 | | G | | 2,930 | D | \$ | \$0.00 | | 3,798 | D | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/I | | Date, Transac Code (Ir | | | | 6. Date Expirat (Month | ion Da | | | nt of ties ying tive | Der Sed (Ins | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | |

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 \$79.27 to \$80.23, 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 05/11/2017

** 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.