FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| wasnington, D.C. 20549 | OMB APPROVAL | | | |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |

3235-0287 OMB Number: Estimated average burden 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

| 1. Name and Address of Reporting Person* MUELLER BRIAN E | | | | | | 2. Issuer Name and Ticker or Trading Symbol Grand Canyon Education, Inc. [LOPE] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--|---|----------------|--------|--|-----|-----|--|--|--------------------|---|----------------------|---|--|---|---|---|-------------|--|
| (Last) (First) (Middle) 3300 W. CAMELBACK ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2013 | | | | | | | | | X Director X Officer (give title below) Presid | | | 10% Owner Other (specify below) nt & CEO | | |
| (Street) PHOENI (City) | | | 35017 Zip) | | 4. If | | | | | | | | | | i. Indivi ine) X | dual 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. Transar Date (Month/Date | | | | | | Execution Date, | | | | ties Acquired (A) o I Of (D) (Instr. 3, 4 a | | | and Securi Benefi | | cially I Following | 6. Owners Form: Dir (D) or Indi (I) (Instr. 4 | ect rect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | () (I | A) or D) | Price | Transa | | ction(s) 3 and 4) | | | (111501. 4) |
| Common Stock ⁽¹⁾ 03/15/3 | | | | | | 2013 | | A | | 67,500 | 0 | Α | \$0.00 | | 244,329 | | D | | | |
| Common Stock 03/17/ | | | | | 7/2013 | 2013 | | | F 6,35 | | 6,352 | 2) | D \$24.03 | | 1.03 | 03 237,977 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, Transact | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber res | | | | | | |

Explanation of Responses:

- 1. Represents a grant of restricted stock that vest 20% on March 1, 2014 (the "First Vesting Date") and 20% on each of the first four anniversaries of the First Vesting Date.
- 2. Represents withholding of shares to pay tax liability incident to the vesting of restricted stock.

Remarks:

/s/ Lyn Bickle, Attorney-in-

Fact

03/18/2013

** 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.