## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OWNERSHIP** 

Washington,	D.C.	20549

<b>ANNUAL STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average burden									
hours per response:	1.0								

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	teported.	File	ed pursuant to or Section					ities Excha ompany Ad								
Name and Address of Reporting Person*     Richardson Brent D.					2. Issuer Name <b>and</b> Ticker or Trading Symbol Grand Canyon Education, Inc. [ LOPE ]						S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) 3300 W. CAMELBACK ROAD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013						Year)	X Officer (give title below)  Executive (				belo	er (specify w)	
(Street) PHOENI	X AZ		25017 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X 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																	
Date (Month/Day/Year)		Execution Date, T if any C		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securiti Benefic		ies Ov ially Fo		ership n: Direct	7. Nature of Indirect Beneficial Ownership		
				(Month/Day/Year)		8)		Amour	ıt	(A) or (D)	Price		Issuer's Fiscal lind		(D) o Indir (Inst	ect (I)	(Instr. 4)
Common Stock		12/30/2013	G		ī	3,5	000(1)	D	D \$0.00		110,504			I	Exeter Capital, LLC		
	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of	r osed (, 3, 4	Expir (Mon	te Exercisable and ration Date th/Day/Year)  Expiration cisable Date		Amou Secu Unde Deriv Secu and 4	rities rlying ative rity (Instr. 3	nt er				10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)

## Explanation of Responses:

1. Reflects gifts to charitable organizations. The Reporting Person has no indirect or indirect voting or investment control over the shares.

## Remarks:

/s/ Lyn Bickle, Attorney-in-fact 02/11/2014

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.