FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burd | en | | | | | |
| l | hours per response: | 0.5 | | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \Box | Section 16. Form 4 or Form 5 | | | | | | | | |
| \cup | 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] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|---|---|-----------|---------|---|--|---|--|---|--|-------------|---|---|--------|---------------------------------|---|--|---|--|---|--|--|
| (Last) (First) (Middle) 3300 W. CAMELBACK ROAD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2015 | | | | | | | | | | Office below | er (give title | nt & CE | 10% Owner Other (specify below) & CEO | | |
| (Street) PHOENIX AZ 85017 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Indivi ne) X | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curit | ties <i>F</i> | 4cq | uired, | Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | | | ur) I | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | and Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (| A) or D) | Price | - 1 | Transa | ransaction(s) nstr. 3 and 4) | | | (11150. 4) | | | | |
| Common | Stock | /2015 | 2015 | | | | F | | 9,346(1) | | D \$45 | | 86 250,714 | | 50,714 | D | | | | | | |
| | | Та | | | | | | | | | | sed of, onvertib | | | | y Ov | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) if any (Month/Day/Yea | | | 4. Transaction Code (Instr. 8) | | n of De Se Ac (A) Dis of (In | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) Date Expirati | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount nber | 8. Pri Deriv Secu (Instr | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | ership i: ct (D) direct istr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Represents withholding of shares to pay tax liability incident to the vesting of restricted stock.

Remarks:

/s/ Lyn Bickle, Attorney-in-fact 03/03/2015

** 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.