Karbowski James Joseph Form 4 August 31, 2017

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or wasnington, D.C. 20549

Expires: January 31, 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and A Karbowski J	•	orting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			ASURE SOFTWARE INC [ASUR]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
2413 PINE I	413 PINE HILL CT.		(Month/Day/Year) 06/23/2017	Director 10% Owner _X Officer (give title Other (specification) below) Chief Operating Officer		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)		
TRAVERSE CITY, MI 49686				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

							Person		
(City)	(State) (Z	Zip) Table	I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficiall	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securiti or(A) or Dis (Instr. 3, 4	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Asure Software, Inc. Common Stock (\$0.01 par value)	06/23/2017		M	10,000	` '		20,000	D	

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

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number.

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 6.42	06/23/2017		M		10,000	07/27/2016	07/27/2017	Common Stock (\$0.01 par value)	10,000
Employee Stock Option (Right to Buy)	\$ 6.04						<u>(1)</u>	07/03/2019	Common Stock (\$0.01 par value)	50,000
Employee Stock Option (Right to Buy)	\$ 5.31						<u>(2)</u>	04/12/2021	Common Stock (\$0.01 par value)	20,000
Employee Stock Option (Right to Buy)	\$ 9.86						<u>(1)</u>	04/06/2022	Common Stock (\$0.01 par value)	15,000

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips							
•	Director	10% Owner	Officer	Other				
Karbowski James Joseph			~					
2413 PINE HILL CT.			Chief Operating Officer					
TRAVERSE CITY, MI 49686								

Reporting Owners 2

Signatures

/s/ Joe

Karbowski 08/31/2017

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Such options shall vest over a 4 year period such that 25% of the shares shall vest on each anniversary date following issuance.
- (2) Such options shall vest over a 3 year period following issuance such that 1/3 of the shares shall vest on 4/12/2017 and an additional 8.33% shall vest each three (3) months thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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