FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STA
obligations may continue. See Instruction 1(b).	

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Karbowski James Joseph						2. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ASUR]										eck all applic Directo	cable) or	10% O		wner	
(Last) (First) (Middle) 2413 PINE HILL CT.					3. Date of Earliest Transaction (Month/Day/Year) 06/23/2017										7	below)	Officer (give title below) Chief Operation		Other (specify below)		
(Street) TRAVEI	RAVERSE MI 49686		49686		4. 1	If Ame	endme	ent, Date	of Or	of Original Filed (Month/D			ay/Year)		Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(\$	State)	(Zip)																		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		۱ ا	2A. Deemed Execution Date,		e, 3	3. Transaction Code (Instr.				(A) or	5. Amou Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									-	Code	v	Amount	(A (C) or)	Price	Reported Transact (Instr. 3	tion(s)		(Instr. 4)		
Asure So par value		. Common Stock	Common Stock (\$0.01		06/23/2017					M		10,00	00	A	\$6.42	20	20,000		D		
			Table II -	Deriva (e.g., p	tive outs,	Sec call	uritie s, wa	es Acq arrants	uire s, op	ed, Dis	spo	sed of, onvertil	or Be	enefi curit	cially ies)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	Date Exe Diration I Onth/Day	Date		of Sec Under Deriva	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Owners Form Direct or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	OI N Of	umber						
Employee Stock Option (Right to Buy)	\$6.42	06/23/2017			M			10,000	07/	/27/2016	07	7/27/2017	Comm Stock (\$0.0 par value	1 1	0,000	\$0	0		D		
Employee Stock Option (Right to Buy)	\$6.04									(1)	07	7/03/2019	Comm Stock (\$0.0 par value	5	0,000		50,000)	D		
Employee Stock Option (Right to Buy)	\$5.31									(2)	04	4/12/2021	Comm Stock (\$0.0 par value	2	0,000		20,000)	D		
Employee Stock Option (Right to	\$9.86									(1)	04	4/06/2022	Comm Stock (\$0.0 par		5,000		15,000)	D		

Explanation of Responses:

- 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.

/s/ Joe Karbowski

08/31/2017

** 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.