FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ANGE COMMISSION | OMB APP | ROVAL | | | | |
|-----------------|--------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| | Estimated average burden | | | | | |

| | Check this box if no longer subject |
|---|-------------------------------------|
| П | to Section 16. Form 4 or Form 5 |
| Ш | obligations may continue. See |
| _ | Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

L OWNERSHIP

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* Rodriguez Steven Wayne | | | | | ASI | 2. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ASUR] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|-----------------------|--|---------|-------------|---|---|--------|-----|--|-------|---------------|---|--------|---|---|---|---|------------------------------------|---|--|
| (Last) 911 OTT | (Fi ΓAWA DR. | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2015 | | | | | | | | X | below) | Officer (give title below) Chief Operation | | Other (specify below) ting Officer | | |
| (Street) AUSTIN (City) | AUSTIN TX 78733 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 04/02/2015 | | | | | | | | Line) | i. 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-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ction | tion 2A. Deemed Execution Date, | | | quired, Disposed of, or 3. Transaction Code (Instr. 8) 4. Securities Disposed Of and 5) | | | rities Ad | quired | (A) or | 5. Amount of Securities Beneficially Owned | | Form: Direct (I) (I) (I) (I) (I) (I) (I) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | | | | v | Amoun | nt (A) or (D) | | Price | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) (| | nstr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion | | 3. Transaction Date (Month/Day/Year) | if any | ıtion Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | of Securities | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | oiration e | Title | | unt or ber of es | | | | | | |
| Employee Stock Options (Right to Buy) | \$2.33 ⁽³⁾ | | | | | | | | (1) | 08/ | 15/2016 | Commor Stock (\$0.01 par value) | 1 | 000(3) | | 135,000 | (3) | D | | |
| Employee Stock Options (Right to Buy) | \$5.76 | 03/31/2015 | | | A | | 10,000 | | (2) | 03/ | 31/2020 | Commor Stock (\$0.01 par value) | 1 | ,000 | \$0 | 145,000 | 0 | D | | |

Explanation of Responses:

- 1. Twenty-five percent (25%) of the shares subject to the option shall vest after 12 months. The remaining shares shall vest quarterly over the next 36 months in equal amounts.
- 2. Such options shall vest over a 3 year period following issuance such that 1/3 of the shares shall vest on 3/31/2016 and an additional 8.33% shall vest each three (3) months thereafter.
- 3. The purpose of this amendment is to correct the exercise price and the amount of shares previously reported. The original form reported 90,000 shares with an exercise price of \$3.50, which did not reflect the 3-for-2 stock split which was completed on April 30, 2012.

/s/ Steven Rodriguez

04/14/2015

** 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.