FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OTATELESIT	05 011411050	DENIEELOLAI	014/115501115
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					- 01	Secui	UII 30(II) (or trie	Investment	Con	прапу Аст	01 1940								
Name and Address of Reporting Person* Powers James				2. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ASUR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
TOWEIS	Jailles													X	Officer below)	r (give title		10% Ow Other (s below)	· I	
(Last) (First) (Middle) C/O ASURE SOFTWARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/11/2020									Chief Financial Officer						
3700 N CAPITAL OF TEXAS HWY, SUITE 350														O bestricted as Ariation was Effect (Obeste 6, 15, 11						
(Street)	T)	X	78746		_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(Si	tate)	(Zip)			Person														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Trans Date (Month/		2A. Deemed Execution I Day/Year) if any (Month/Day		Date,	Code (Ir	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		nd Securitie Beneficia		s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) ((D)	Price		Transaction(s) (Instr. 3 and 4)				11130.4)		
Asure Software, Inc. Common Stock (\$0.01 par value)				1/202	/2020		A		10,000 ⁽¹⁾ A		\$)	10,000			D				
	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. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. B)				6. Date Exercisabl Expiration Date (Month/Day/Year)			of Securitie		De	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisabl			Amo or Num of Shar								
Employee Stock Option (Right to Buy)	\$6.77	08/11/2020			A		75,000		(2)	0	8/11/2025	Common Stock (\$0.01 par value)	75,000		\$0	75,000	0	D		

Explanation of Responses:

- 1. Represents grant of restricted stock units that vest 1/3rd on the first anniversary of the Grant Date and the remaining 2/3rds vest over a period of two years in equal quarterly installments, with the last such vesting date being the third anniversary of the Grant Date.
- 2. Represents grant of employee stock options that vest 1/3rd on the first anniversary of the Grant Date and the remaining 2/3rds vest over a period of two years in equal monthly installments with the last such vesting date being the third anniversary of the Grant Date.

/s/ James Powers

08/13/2020

** 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.