FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | OMB APPROVAL | | | | | | | |
|------------------------|--------------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burd | | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Vogel Jeffrey | | | | | | 2. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ASUR] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|---|---|---------|---|---------------------------------|---------------------------------|---|--|------|---|----------|---|---|---------------------------------------|---|--------|--|---|---|--|--|--|
| (Last) | • | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) $08/16/2010$ | | | | | | | | 71 | | er (give title | Other | Other (specify below) | | | |
| 319 BLACKSTONE BLVD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 08/18/2010 | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) PROVID | DENCE RI | [(| 02906 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | tate) (| | | | | | | | | | | | | | | | | | | |
| | | | le I - N | | | | | | quired, D | isp | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transad Date (Month/Da | | Exed if an | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | 3, 4 Sec Bei Ow | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | Amount (A) or (D) | | ce | Following Reported Transaction(s) (Instr. 3 and 4) | | | | | | | |
| Asure So | ftware, Inc. | | | | | | | | | | | | | | 1: | 5,000 | D | | | | |
| Asure Software, Inc. | | | | 08/16/ | 2010 | | | P | | 100 |) A | \$2 | 2.38 | 15,100 | | D | | | | | |
| Asure Software, Inc. | | | | 08/16/ | 2010 | | | P | | 200 |) A | \$2 | 2.37 | 15,300 | | D | | | | | |
| Asure Software, Inc. | | | | 08/16/ | /2010 | | | | P | | 2,70 | 0 A | \$2 | 2.39 | 18,000 | | D | | | | |
| Asure Software, Inc. | | | 08/17/ | 2010 | | | | P | | 85 | A | \$2 | 2.39 | 18,085 | | D | | | | | |
| Asure Software, Inc. 08 | | | 08/18/ | 2010 | | | P | | 2,00 | 0 A | \$2 | 2.51 | 20 | 0,085 | D | | | | | | |
| Asure Software, Inc. | | | 08/18/ | 2010 | | P | | 4,91 | 5 A | \$2 | 2.45 | | | D | | | | | | | |
| | | Ta | able II | | | | | | uired, Dis , options | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any | | 4. Transac Code (Ir 8) | | 5. tion Number | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 5 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | | |
| | | | | | Code | v | (A) | | Date Exercisable | Ex Da | piration ite | Title | Amour or Number of Shares | er | | | | | | | |
| Common Stock Option | \$3.5 | | | | | | | | 03/21/2010 ⁽¹⁾ | 09. | /21/2019 | Common Stock | 3,750 | 0 | | 3,750 | D | | | | |

Explanation of Responses:

1. Such options shall vest over a 2 year period such that 9,375 options shall vest 6 months following the date of issuance and an additional 9,375 shall vest every 6 months thereafter

08/25/2010 Jeffrey Vogel

** Signature of Reporting Person

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

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.

^{*} 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).