SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer su | biect to |
|--------------------------------|----------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | è |
| 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

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

| 1. Name and Addre Pertierra Adr | ss of Reporting Perso ian Justin | 'n* | 2. Issuer Name and Ticker or Trading Symbol <u>ASURE SOFTWARE INC</u> [ASUR] | | tionship of Reporting Perso all applicable) Director | on(s) to Issuer 10% Owner | |
|------------------------------------|--|-------|--|---|--|------------------------------|--|
| (Last) 654 BROADWA | (Last) (First) (Middle) 654 BROADWAY, SUITE 5 | | 3. Date of Earliest Transaction (Month/Day/Year) 08/24/2018 | | Officer (give title below) | Other (specify below) | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | |
| (Street) NEW YORK | NY | 10003 | | Line) | Form filed by One Report Form filed by More than (| 0 | |
| (City) | (State) | (Zip) | | | Person | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|-----------------------------|---|----------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Asure Software, Inc. Common Stock (\$0.01 par value) | 08/24/2018 | | A | | 2,000(1) | Α | \$ <mark>0</mark> | 21,447 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Common Stock Options (Right to Buy) | \$14.32 | 08/24/2018 | | A | | 10,000 | | (2) | 08/24/2023 | Common Stock (\$0.01 par value) | 10,000 | \$0 | 10,000 | D | |

Explanation of Responses:

1. Represents grant of restricted stock units that vest in one installment on March 31, 2019.

2. Such options shall vest in one installment on March 31, 2019.

/s/ Adrian J Pertierra

** Signature of Reporting Person

08/28/2018

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.