Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					10	Seci	ion 30(n) (	or the ir	ivesimeni	Con	прапу Асі	01 1940								
1. Name and Address of Reporting Person*  BRANNON KELYN						2. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ ASUR ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  100( Course)					
															Directo	•		10% Ow	·	
															Cofficer below)	(give title		Other (s below)	pecity	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/02/2019									,	hief Finar	ncial	,		
3700 N. CAPITAL OF TEXAS HWY						09/02/2019									C	inci i mai	iciai	Officer		
#350																				
					4.1	If Am	endment, I	Date of	Original F	iled	(Month/Da	6. In	6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line	,					
AUSTIN	<b>Л</b> Т.	X	78746												√ Form fi	iled by One	Repo	orting Persor	ו	
	•		70710														e than	One Repor	ting	
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(City)	(S	tate)	(Zip)																	
		Tak	ole I - Non	-Deriv	ativ	e Se	curities	s Acq	uired, I	Disp	oosed c	f, or E	Bene	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac									3. 4. Securities Acquired (A)					5. Amou				7. Nature		
					Day/Ye	ear)	Execution Date, ar) if any (Month/Day/Year		Code (Instr.		Disposed Of (D) (Instr. 3, 4		3, 4 and	Securitie Beneficia	ally (D) of Following (I) (II			of Indirect Beneficial Ownership (Instr. 4)		
														Owned F Reported						
									Code	v	Amount	(A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)		- 1	,	
									30			(D)	)		(Instr. 3 a	and 4)				
		-	Table II - I	Deriva	tive	Sec	urities	Acqu	ired, Di	spo	sed of,	or Be	nef	icially	Owned					
			(	e.g., p	uts,	call	s, warr	ants,	options	s, c	onverti	ble se	curi	ties)						
1. Title of	2.	3. Transaction	3A. Deemed	1 4	1.		5. Numb	oer 6	6. Date Exe	rcis	able and	7. Title	and A	Amount	8. Price of	9. Number	of	10.	11. Nature	
Derivative	Conversion	Date (Month/Day/Year)	Execution D	Date, 1	Transa		n of		Expiration Date (Month/Day/Year)			of Securities Underlying		;	Derivative	derivative Securities		Ownership Form:	of Indirect Beneficial	
Security (Instr. 3)	or Exercise Price of		if any (Month/Day/		Code ( 3)	ınsır.						Derivat	ive S		Security (Instr. 5)	Beneficially		Direct (D)	Ownership	
	Derivative Security								(Instr. 3 and 4)				4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
					Disposed											Reported		(1) (1113411 4)		
					1		of (D) (Instr. 3, 4 and 5)									Transaction(s) (Instr. 4)	n(s)			
							+			Т			Τ,	mount		<u> </u>				
													0	r						
								,	Date	ı	xpiration			lumber of						
				(	Code	v	(A)		Exercisabl		ate	Title		hares						
Stock										T			T							
Option (Option to	\$6.44	09/02/2019			A		60,000		(1)	0	9/02/2024	Commo Stock		50,000	\$ <mark>0</mark>	60,000		D		

## **Explanation of Responses:**

1. Such options will vest as follows: 1/3 on the first anniversary of the grant date and the remaining 2/3rds will vest over the following 2 year period in substantially equal monthly installments.

## Remarks:

Buy)

Kelyn Brannon

09/04/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.