FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

URITIES AND EXCHANGE COMMISSI	ON
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	OMB APPROVAL										
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Check thi	s box if no longer subject to
Section 1	6. Form 4 or Form 5
obligation	s may continue. See
Instruction	1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

99	Check this box to indicate that a
	transaction was made pursuant to a
	contract, instruction or written plan for
	the purchase or sale of equity
	securities of the issuer that is intended
	to satisfy the affirmative defense
	conditions of Rule 10b5-1(c). See

Instruc	tion 10.	. ,																
1. Name and Address of Reporting Person* Goldstein Eyal								ker or Tra		Symbol ASUR		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Goldstein Eyai													Directo					
(Look) (First) (Middle)					3	Date of Earliest Transaction (Month/Day/Year)								below)	(give title	Other (specify below)	pecily	
(Last) (First) (Middle) C/O ASURE SOFTWARE, INC.						3/20/2		icst man	saction (ivi	Ontin	Day/ (Car)		Chief Revenue Officer					
405 COLORADO STREET, SUITE 1800																		
(0)				_ 4.	If Ame	endme	nt, Date	of Original	Filed	l (Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) AUSTIN	T.	X	78701												•		rting Persor	- 1
,					-									Form fi Person		e than	One Repor	ing
(City)	(S	tate)	(Zip)															
		Tab	le I - No	n-Deri	ivativ	e Se	curi	ties Ac	quired,	Dis	posed o	f, or Be	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned F	es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Asure Software, Inc. Common Stock (\$0.01 par value) 08/20				20/202	2024		М		10,000) A	\$6.44	236	5,617		D			
Asure Software, Inc. Common Stock (\$0.01 par value)				20/202	/2024			S		10,000) D	\$8.44	239,243(2)			D		
		-	Table II -								osed of,			Owned				-
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/Da	Date,	Code (Ins		5. Number of		6. Date E. Expiratio (Month/D	n Date	of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Option to Buy)	\$6.44	08/20/2024			М			10,000	09/02/20	22	09/02/2024	Asure Software, Inc. Common Stock (\$0.01	10,000	\$6.44	0		D	

Explanation of Responses:

- $1.\ The\ price\ in\ column\ 4\ is\ the\ weighted\ average\ price.\ These\ shares\ were\ sold\ in\ multiple\ transactions\ at\ prices\ ranging\ from\ \$8.37\ to\ \$8.52$
- 2. Includes an aggregate 12,626 shares beneficially owned by the Reporting Person that were purchased under the Asure Software, Inc. Employee Stock Purchase Plan from 2018 through 2024, which were inadvertently omitted from the prior Form 4s of the Reporting Person.

Remarks:

/s/ Eyal Goldstein

08/22/2024

** 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.