### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

# 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

1. Name and Address of Reporting Person <sup>®</sup> Wolfe Charles Bradford						2. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ ASUR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 04/12/2016								X Officer (give title below)			Other (specify below)			
12504 ALCONZA DR														Chief Financial Officer						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
AUSTIN TX 78739														X Form filed by One Reporting Person						
(City)	(S <sup>1</sup>	(State) (Zip)													Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) Date (Month/Day/Ye					Year) if	xecu any	eemed tion Date, n/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquir Disposed Of (D) (Ins and 5)			Securities Beneficiall Owned	Beneficially (D) or		Direct t (I)	Indire Benef Owne	ficial ership	
									Code	v	Amount	(A) or (D) Price		Reported Transactio			+)	(Instr. 4)		
Asure Software, Inc. Common Stock (\$0.01 par value)													23,90	)5	I		By Wolfe Investments, LLC			
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)	(e.g., p 3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number		6, Options, cor 6. Date Exercisabl Expiration Date (Month/Day/Year)		isable and ate	le and 7. Title and Amount of		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 Exercisa	able	Expiration Date	Title	Amour or Numbe of Shares	r						
Employee Stock Options (Right to Buy)	\$5.23								(1)		11/19/2019	Common Stock (\$0.01 par value)	60,00	0	60,	,000	D			
Employee Stock Options (Right to Buy)	\$5.76								(2)		03/31/2020	Common Stock (\$0.01 par value)	10,00	0	70,	,000	D			
Employee Stock Options (Right to Buy)	\$5.31	04/12/2016			A		10,000		(3)		04/12/2021	Common Stock (\$0.01 par value)	10,00	0 \$0	80,	,000	D			

#### Explanation of Responses:

1. Such options shall vest over a 4 year period following issuance such that 25% of the shares shall vest on 11/19/2015 and an additional 6.25% shall vest each three (3) months thereafter.

2. Such options shall vest over a 3 year period following issuance such that 1/3 of the shares shall vest on 3/31/2016 and an additional 8.33% shall vest each three (3) months thereafter.

3. Such options shall vest over a 3 year period following issuance such that 1/3 of the shares shall vest on 4/12/2017 and an additional 8.33% shall vest each three (3) months thereafter.

#### 04/18/2016 /s/ Charles Bradford Wolfe

\*\* 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.