FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

#### OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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*     Wolfe Charles Bradford			. Date of Event lequiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ ASUR ]						
(Last) 12504 ALCO (Street) AUSTIN (City)	(First) DNZA DR  TX (State)	(Middle)  78739  (Zip)	10/06/2014	4		ationship of Reporting Pers all applicable) Director Officer (give title below) Chief Financial (	10% Own Other (spe below)	er	(Mon	th/Day/Year) dividual or Join icable Line) Form filed b Person	ate of Original Filed  t/Group Filing (Check  y One Reporting  y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				-	2. Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur 4)			4. Conve or		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration		3	Amount or Number of Shares	Exerci Price o Deriva Securi	of tive	Direct (D) or Indirect (I) (Instr. 5)	

# Explanation of Responses:

### Remarks:

The purpose of this filing is to report the election of the Reporting Person as an Officer.

No securities are beneficially owned.

/s/ Charles Bradford Wolfe 10/14/2014

\*\* Signature of Reporting Person Date

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).