FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20549 | |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per respon | se: 0.5 | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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

| | e conditions of ee Instruction 1 | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|-------|--------------|--|---|---|-----------------|---------------------------|--------------------------------|----------|-------------------------------------|------------|---|-----------------------------|---|--|--|---|---|
| Name and Address of Reporting Person* Pence John F | | | | 2. Issuer Name and Ticker or Trading Symbol ASURE SOFTWARE INC [ASUR] | | | | | | | | (Che | eck all app Direc | licable) | orting Person(s) to | | | | |
| (Last) (First) (Middle) C/O ASURE SOFTWARE, INC. 405 COLORADO STREET, SUITE 1800 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025 | | | | | | | | | | below | | ncial (| below) | эреспу |
| (Street) AUSTIN (City) | | | 8701 Zip) | | 4. If A | Amend | ment, | Date o | f Origina | al Filed | d (Month/Da | y/Year | ·) | Line |) Z Form | Joint/Grou filed by On filed by Mo on | e Repo | orting Perso | on . |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3enet | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | y/Year) Executi | | ution I | ution Date, | | | | es Acquired (A Of (D) (Instr. 3, | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) (D) | or F | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (IIISU. 4) |
| Asure Software, Inc. Common Stock (\$0.01 par value) 01/01/2 | | | | 2025 | | | | A | | 40,000(1 |) 1 | A | \$0 | 19 | 0,000 | | D | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | / Owne | t | | | |
| Derivative Conversion Date Executity Or Exercise (Month/Day/Year) if any | | | if any | emed ion Date, /Day/Year) | | ansaction of Deriv Sect Acqu (A) o Disp of (D | | r osed) :. 3, 4 | 6. Date Expirati (Month/ | ion Da | ear) Securi Underl Deriva | | unt of rities rlying rative rity (Ins | str. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership Form: | Beneficial Ownership t (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | oer | | | | | | | |

Explanation of Responses:

1. Represents grant of restricted stock units that vest 1/3rd on the first anniversary of the Grant Date and the remaining 2/3rds vest over a period of two years in equal quarterly installments with the last such vesting date being the third anniversary of the Grant Date.

Remarks:

/s/ John Pence

01/03/2025

** 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.