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 [*] Goepel Patrick | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>ASURE SOFTWARE INC</u> [ASUR] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--|--|-----------------------|--|--|------------------|------|---------------------------------|---|-------------|--|---|----------------|--------------------------------------|--|---|---|-----------|---|--|--|
| (Last) | , , , , , , | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2016 | | | | | | | | | | | X X | Offic belov | er (give title w) | | Other (specify below) | | |
| 16 ABBOTTSWOOD | | | | | | | | | | | | | | | | | Chief Executive Officer | | | | | |
| (Street) | | | | | 4. lf A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| SUDBU | DBURY MA 01776 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - N | on-Deriv | /ative 3 | Sec | uriti | es A | cqui | red, D | Disp | osed | of, or | Bene | eficia | ally C |)wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exe if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction D Code (Instr. a | | | . Securities Acquired (isposed Of (D) (Instr. : nd 5) | | | 4 Secur Benef Owned | | icially d | For (D) Ind | irect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | c | Code | v | Amou | nt | (A) or (D) | Pric | e 1 | Following Reported Transaction(s) (Instr. 3 and 4) | | (Ins | str. 4) | (Instr. 4) | |
| Common Stock (\$0.01 par value) 05/19/2 | | | | | 2016 | 016 | | | | Р | | 14,500 A | | \$5 | 5.2 | 600,097 | | | D | | | |
| | | Та | able II | - Derivat (e.g., p | | | | | | | | | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Executio if any (Month/ | med | 4. Transactio Code (Ins | | 5. ion Number | | 6. Da Expi | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | le and | | | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exer | cisable | Exp Date | iration | Title | or Nu of | nount mber ares | | | | | | | |
| Employee Stock Option (Right to Buy) | \$5.76 | | | | | | | | | (1) | 03/3 | 1/2020 | Comm Stock (\$0.0 par value | i 30 | ,000 | | | 30,000 | | D | | |
| Employee Stock Option (Right to Buy) | \$5.31 | | | | | | | | | (2) | 04/1 | 2/2021 | Comm Stock (\$0.0 par value | 50 | ,000 | | | 80,000 | | D | | |

Explanation of Responses:

1. 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.

2. 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.

| /s/ Patrick Goepel | 05/20/2016 | | | | |
|----------------------------------|------------|--|--|--|--|
| ** 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.