#### Crow Jennifer Lynn Form 3 November 15, 2012 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> Crow Jen		U	2. Date of Event F Statement (Month/Day/Year	1 0	<ul> <li>3. Issuer Name and Ticker or Trading Symbol</li> <li>ASURE SOFTWARE INC [ASUR]</li> </ul>								
(Last)	(First)	(Middle)	11/05/2012		4. Relationship of Reporting Person(s) to Issuer			<ul> <li>5. If Amendment, Date Original Filed(Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One</li> </ul>					
2903 KERB AUSTIN,Â	(Street)	3			(Check all applicable) Director 10% Owner X_Officer Other (give title below) (specify below)		ow)						
		(7.)	_		Chief Financial Officer			Reporting Person					
(City)	(State)	(Zip)	Ta	ble I - N	on-Derivat	ivative Securities Beneficially Owned							
1.Title of Secur (Instr. 4)	rity		Be	Amount of neficially ( str. 4)	Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	ership	irect Beneficial				
Reminder: Repower owned directly			ach class of securitie	es benefici	<sup>ally</sup> S	EC 1473 (7-02	)						
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1	Cable II - Der	ivative Secu	rities Beneficially (	Owned (e.	g., puts, calls,	warrants, opt	ions, c	onvertible	securities)				
1. Title of Deri (Instr. 4)	vative Securi	Expi	ate Exercisable and ration Date /Day/Year)	Securitie	and Amount of es Underlying ve Security	f 4. Conversio or Exercis		wnership orm of	6. Nature of Indirect Beneficial Ownership (Instr. 5)				

(Instr. 4)

Title

Expiration

Date

Date

Exercisable

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Expires:

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Estimated average burden hours per

# **Reporting Owners**

<b>Reporting Owner Name / Add</b>	ress	Relationships						
		10% Owner	Officer	Other				
Crow Jennifer Lynn 2903 KERBEY LANE AUSTIN, TX 78703	Â	Â	Chief Financial Officer	Â				
Signatures								
/s/ Jennifer L. Crow	11/15/2012							
<u>**</u> Signature of Reporting Person	Date							

## **Explanation of Responses:**

### No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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).

### Â **Remarks:**

### No securities are beneficially owned.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.