SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:	3235-028				
Entime stand strangers	less surel esse				

Estimated average burden	
hours per response:	0.5

Instruc	tion 1(b).			File	d pursua or Se	nt to Section 16(a ction 30(h) of the) of the S Investme	Securit ent Co	ties Exchang mpany Act o	ge Act of 1 of 1940	934		<u> </u>			
1. Name and Address of Reporting Person* <u>STAD MARC</u>				2. Issuer Name and Ticker or Trading Symbol <u>APPFOLIO INC</u> [APPF]					Relationsh Check all ap Dire	, ,	ing Perso ${f X}$	on(s) to Is 10% C				
	(Fi TTERMAN NG C, SUIT	I DRIVE	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/12/2016					Offic belo	er (give title w)		Other below)	(specify		
(Street) SAN FRANCI (City))4129 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					ne) Forr	or Joint/Grou n filed by Oi n filed by Mi son	ne Repor	ting Pers	on	
		Tabl	e I - No	n-Deriv	ative S	Securities Ac	quired	, Dis	posed o	f, or Be	neficia	ally Own	ed			
Dat			2. Transa Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A) of Transaction Code (Instr. 3, 4) 8) 5)			d Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		oirect direct . 4)	7. Nature of Indirect Beneficial Ownership		
							Code V Amount (A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Class A C	Common Sto	ock		02/12/	2016		Р		5,450	A	\$12.	89 1,2	53,817	I(:	0	Refer to footnote ⁽¹⁾
Class A Common Stock 02/16/2			2016		Р		200	A	\$12.	98 1,2	54,017	I(:	L)	Refer to footnote ⁽¹⁾		
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)	3A. Deen Executio if any (Month/D	n Date,	4. Transact Code (In 8)		6. Date Expirati (Month/	on Da		7. Title an Amount of Securities Underlyin Derivative Security (and 4)	f G G	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow Foi y Dir or (I)	mership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Date Exercisable

Code v (A) (D) Expiration Date

Title

Amount or Number of Shares

1. Name an	d Address of	Reporting	Person*	

STAD MARC

(Last)	(First)	(Middle)					
ONE LETTERMAN DRIVE							
BUILDING C, SUITE 3950							
(Street)							
SAN FRAN	CISCO CA	94129					

(City) (State) (Zip)

1. Name and Address of Reporting Person*

DRAGONEER GLOBAL FUND II, L.P.

	(Last)	(First)	(Middle)
	ONE LETTERMA	N DRIVE	
I	(Street)		
	SAN FRANCISCO	CA	94129
	(City)	(State)	(Zip)

Explanation of Responses:

1. Mr. Stad is the managing member of Dragoneer Global GP II, LLC ("Global GP II"), which is the general partner of Dragoneer Global Fund II, L.P. ("Dragoneer Global Fund II" and together with Global GP

II, the "Dragoneer Entities"), which acquired the shares of Class A Common Stock reported in the table above. By virtue of the foregoing relationships, Mr. Stad and each of the Dragoneer Entities may be deemed to share beneficial ownership of the securities reported in the table above. Mr. Stad and each of the Dragoneer Entities disclaims beneficial ownership of the reported securities, except to the extent of their respective pecuniary interest therein.

Remarks:

/s/ Marc Stad Dragoneer Global Fund II,

02/14/2016

L.P., By Dragoneer Global GP 02/16/2016 II, LLC, its general partner, /s/ Pat Robertson

** 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.