FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvaoriington, b.o.	

OMB A	PPROVAL
OMB Number:	3235-028

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(h)

	ons may contin tion 1(b).	ue. See		File							ities Exchanç ompany Act			34		hou	rs per	response:	0.5		
	Name and Address of Reporting Person* TAD MARC					2. Issuer Name and Ticker or Trading Symbol APPFOLIO INC [APPF]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) ONE LETTERMAN DRIVE BUILDING C, SUITE 3950						3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016										Officer (give title Other (specify below)					
(Street) SAN FRANCI (City)			04129 Zip)		4. lf	. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Line)									ine) Fo Y Fo	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - No	on-Deriv	ative	Se	curitie	es Ac	quirec	l, Dis	sposed o	f, or	Ben	efici	ally Ow	ned					
Date			2. Transac Date (Month/Da		Ex if:	A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				3 5) Secu Bene Owne	icially d Following	Forr (D)	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price		rted action(s) 3 and 4)		(Instr. 4)			
Class A C	Common Sto	ock		05/13/2	2016				P		5,200	A	\	\$12.	45 1,	717,067	Refer to Footnote ⁽¹⁾				
Class A C	Common Sto	ock		05/17/2	2016				P		340,277	, A	1	\$12	.7 2,	057,344	S7,344 $I^{(1)}$ Refer				
		Та	ble II -	Derivati (e.g., pu	ive S uts, c	ecu	ırities s, warı	Acqu rants,	ired, I optio	Disp ns, c	osed of, convertib	or Be	nefi curi	ciall ties)	y Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,		ransaction ode (Instr.		5. Number of		Exerc ion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	8. Price o Derivativ Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	or	ount nber ires							
1. Name an		Reporting Person*																			
	TTERMAN NG C, SUIT		(Mi	ddle)																	
(Street)	ANCISCO	CA	94	129		_															

(City) (State) Explanation of Responses:

SAN FRANCISCO CA

(State)

DRAGONEER GLOBAL FUND II, L.P.

(First)

1. Name and Address of Reporting Person*

ONE LETTERMAN DRIVE BUILDING C, SUITE 3950

(Zip)

(Middle)

94129

(Zip)

(City)

(Last)

(Street)

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 05/17/2016

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

05/17/2016

** Signature of Reporting Person

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.