(City)

(State)

1. Name and Address of Reporting Person*

Keenan Charles J IV

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden response: 0.5

Partnership⁽²⁾

Partnership⁽²⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box if no longer subject to

U obligati	ions may conti tion 1(b).			Fil						urities Exchan Company Act		f 1934		r	nours per	response	e: 0
1	nd Address of Capital,	Reporting Person*					Name and T			0 ,			5. Relationsh (Check all ap Dire	plicable)) to Issuer 0% Owner
(Last) (First) (Middle) 1229 BURLINGAME AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2016							Officer (give title Other (sp below) below)			other (specify elow)		
SUITE 2	01				4.1	If Amer	ndment, Dat	e of Ori	ginal F	iled (Month/Da	ay/Year)		6. Individual o	or Joint/C	Group Fi	ling (Che	eck Applicable
(Street) BURLIN	IGAME C.	A !	94010		_								For				Person Reporting
(City)	(S		(Zip)														
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			ion	n 2A. Deemed Execution D		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
CLASS A	A COMMO	N STOCK		01/06/2	016			P		100,000	A	\$13.8	850,	000		I	By Partnership
CLASS A COMMON STOCK			01/07/2016				P		50,000	A	\$13.	8 900,	900,000		I		
		Ta	able I							sposed of, , convertib				l			
Derivative Conversion Dat		3. Transaction Date (Month/Day/Year)	Date Execu			ransaction of Code (Instr. Der		Expiration [7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report Transa (Instr. 4	ive cially ing ed ction(s)	10. Owners Form: Direct (or Indii (I) (Inst	(D) Benefici Ownersl ect (Instr. 4)
					Code	v	(A) (D)	Date Exe	e rcisabl	Expiration e Date	Title	Amount or Number of Shares					
ı	nd Address of Capital,	Reporting Person*															
(Last) 1229 BU SUITE 2		(First) IE AVENUE	(Middle)													
(Street)	IGAME	CA	g)4010													
(City)		(State)	(Zip)													
	nd Address of Capital	Reporting Person*															
(Last) 1229 BU SUITE 2		(First) IE AVENUE	(Middle)													
(Street)	IGAME	CA	g)4010		- $ $											

(Last)	(First)	(Middle)					
1229 BURLINGAME AVENUE							
SUITE 201							
(Street)	CA	0.4010					
BURLINGAME	CA	94010					
(City)	(State)	(Zip)					
(City)	(State)	(ΖΙΡ)					

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$13.70 to \$13.90, inclusive. The reporting persons undertake to provide to AppFolio, Inc., any security holder of AppFolio, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote (1).
- 2. These shares are owned directly by Keenan Capital Fund, LP ("KCF") and indirectly by Keenan Capital GP, LLC ("KCGP"), the general partner of KCF with voting and investment authority over these shares. KCGP delegates such authority to Keenan Capital, LLC ("Keenan Capital"), the manager of KCF. Accordingly, KCGP disclaims beneficial ownership of these shares, except to the extent of any pecuniary interest KCGP may have therein. As sole owner and Manager of Keenan Capital, Charles J. Keenan, IV ("Mr. Keenan") may be deemed to be the indirect beneficial owner of these shares.

Remarks:

/s/ Charles J. Keenan, IV,
Authorized Officer
/s/ Charles J. Keenan, IV
** 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.