FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

ے obligati	ions may contiition 1(b).						es Exchanç npany Act o			34			ll.		per respo	-	0.5					
						2. Issuer Name and Ticker or Trading Symbol APPFOLIO INC [APPF]									(Check all app Direc		oplicable) ector				% Owner	
(Last) (First) (Middle) C/O IGSB, INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/17/2017										belov	er (give w)	title		below)	(specify		
1485 E VALLEY ROAD, SUITE H Street) SANTA BARBARA (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						on	_
Table I - Non-Deriva . Title of Security (Instr. 3) 2. Transac Date (Month/Da				action	ction 2A. Deemed Execution Date		ed Date,	3. Transaction Code (Instr.		4. Securities A Disposed Of (I		cquired	uired (A) or Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Common Stock 10/17/2					/2017		J ⁽¹⁾		13,072	2 A \$0		\$0.0	00(1)	+			D(2)				
		Ta									sed of, onvertib					vned		,				
Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	ned n Date,	4. Transact Code (In: 8)	ion	5. Number on of		6. Date Exercis Expiration Date (Month/Day/Ye		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)				Ownersi Form: Direct (E or Indire (I) (Instr.	n: ct (D) direct	Beneficial Ownership (Instr. 4)	
					Code V	,	(A)		Date Exercisa		Expiration Date	Titl	or Nur of	ount mber ares								
	nd Address of VP III, L	Reporting Person*				_																
(Last) C/O IGS: 1485 E V	,	(First) OAD, SUITE H	(Mido	dle)																		
Street) SANTA BARBAI	RA	CA	9310	08																		
(City)		(State)	(Zip)																			

1485 E VALLEY ROAD, SUITE H (Street)

Investment Group of Santa Barbara, LLC

(First)

1. Name and Address of Reporting Person*

SANTA 93108 CA **BARBARA**

(State)

(Last)

(City)

C/O IGSB, INC.

- 1. Pro rata distribution of shares of Class A Common Stock (the "Class A Shares") from two limited partnerships of which, in each case, the reporting person is a limited partner.
- 2. The Reporting Person is a private investment fund managed by Investment Group of Santa Barbara LLC ("IGSB").

(Zip)

(Middle)

Remarks:

IGSB IVP III, LLC, A California limited liability company, By: Investment Group of Santa Barbara, LLC, A California limited liability

company, By: Timothy K.

Bliss, Member & Vice President, By: /s/ Kimberly Shea, Attorney-in-Fact for

Timothy K. Bliss

Investment Group of Santa Barbara, LLC, A California <u>limited liability company, By:</u>

Timothy K. Bliss, Member

&Vice President, By: /s/ Kimberly Shea, Attorney-in-Fact for Timothy K. Bliss

** Signature of Reporting Person

10/19/2017

10/19/2017

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.