#### APPFOLIO INC Form 3 June 25, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235-0104 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES 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 Address of Reporting Person <u>*</u> Peters James R			2. Date of Event Re Statement (Month/Day/Year)	APPFOLIC	3. Issuer Name and Ticker or Trading Symbol APPFOLIO INC [APPF]					
(Last)	(First)	(Middle)	06/25/2015		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
50 CASTIL	IAN DRIV	E		(Chaol	11 1: 1. 1					
(Street) GOLETA, CA 93117				(Check	(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>Officer</u> Other (give title below) (specify below)		<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li> Form filed by More than One</li> <li>Reporting Person</li> </ul>			
				Officer						
							1 0			
(City)	(State)	(Zip)	Tał	ole I - Non-Derivat	tive Securiti	ies Ben	eficially	y Owned		
1.Title of Secu (Instr. 4)	ırity		Ben	mount of Securities eficially Owned tr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr. :	ship	irect Beneficial		
Reminder: Rep owned directly			ch class of securities	s beneficially S	SEC 1473 (7-02	2)				
	inforn requir currer	nation conta ed to respo ntly valid Ol	pond to the collect ained in this form nd unless the for MB control numbe	are not m displays a er.						
	rable II - Def	ivative Secu	rues beneficially U	wned (e.g., puts, calls	, warrants, opt	uons, co	nveruble	securities)		
1. Title of Der (Instr. 4)	ivative Securi	-	te Exercisable and ration Date	3. Title and Amount o Securities Underlying	f 4. Conversio	5. on Ow	vnership	6. Nature of Indirect Beneficial Ownership		

**Derivative Security** 

Amount or

Number of

Shares

(Instr. 4)

Title

Expiration

or Exercise

Derivative

Price of

Security

Form of

Derivative

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

(Instr. 5)

(Month/Day/Year)

Exercisable Date

Date

Estimated average burden hours per

0.5

response...

# **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Peters James R 50 CASTILIAN DRIVE GOLETA, CA 93117	ÂX	Â	Â	Â					
Signatures									
/s/ Ida Kane, as Attorney-in-Fact for James R. 06/25/20 Peters									
**Signature of Reporting F	Date								
Evaluation of Decanonace									

# **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).

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## **Remarks:**

Exhibit List:

## Exhibit 24.1 Power of Attorney

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.