FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIA	L OWNERSHIP

OMB APPRO	DVAL								
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(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Yuen Maggie				2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]						(Chec	ationship of Reporting Person(s) to Issuer all applicable)				
Tuch Maggie										X	Director	10% C	Owner		
(Last) 7555 INNOV	(First) /ATION WAY	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/25/2022							Officer (give title below)	Other below	(specify		
				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	6. Individual or Joint/Group Filing (Check Applicable				
(Street) MASON (City)	OH (State)	45040-96 (Zip)	695								Form filed by One Reporting Person Form filed by More than One Reporting Person				
	T	able I - Nor	n-Derivati	ive S	ecurities Acqu	uired,	Disp	osed of, o	or Ben	eficially	Owned				
Date			2. Transacti Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	n Date, Transaction Code (Instr.		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(
Common Stock 05/25/		05/25/20	022		A		3,564 ⁽¹⁾	A	\$0	5,809	D				
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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Amount or Number of Shares				

Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. The shares will vest upon the one-year anniversary of the grant date.

Remarks:

/s/ Allison Walker as

Attorney-in-fact for B.

05/27/2022

Kristine Johnson

** 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.