FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549	

STATEMENT	OF CHAN	GES IN BE	NEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burd	en							
l	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

1. Name and Address of Reporting Person* <u>Collar Mark A</u>						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								(Ch	5. Relationship of Re (Check all applicable X Director		ing Pers	son(s) to Is	
(Last) 383 BISH	(Fi HOPBRIDC	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/28/2009								Offic belo	er (give title w)		Other below	(specify)	
(Street) CINCINI (City)			15255 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) <mark>X</mark> Forn Forn	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transa Date (Month/D		Execution Date,				ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) (D)	or P	rice	Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock	10/28/2009 A 1,237 A \$0 ⁽¹⁾ 7,962 D					D												
Common Stock														5	5,300		I	Held by Mary K. Collar Revocable Trust ⁽²⁾	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
			Transa Code (nsaction of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		r. 3	. Price of Perivative Security Instr. 5)		y D (I	0. Ownership Form: Direct (D) Or Indirect () (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Numb of Share	er					

Explanation of Responses:

- 1. Restricted shares awarded pursuant to the AtriCure, Inc. 2005 Equity Incentive Plan for services as a director. The shares will vest and be released on October 28, 2010.
- 2. Held by Mary K. Collar Revocable Trust. The Reporting Person disclaims beneficial ownership of these securities, except as to his pecuniary interest herein.

/s/ Julie A. Piton as Attorneyin-Fact for Mark A. Collar

10/30/2009

** 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.