FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **OMB APPROVAL** OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  Wrubel Lee R						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]								5. Relationship of Repor (Check all applicable)  X Director			ting Pe	. ,	Issuer Owner
(Last) (First) (Middle) 6033 SCHUMACHER PARK DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/08/2008									Officer (give titl below)			le Other ( below)		r (specify v)	
(Street) WEST CHESTE	ST OH 45069			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(51		Zip)	on Dorive	1	Saar				1 D:		f av B	anafi	.:!!		٠			
Table I - Non-Derive  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)		d (A) or		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		Transact (Instr. 3				` ,
Common Stock 05				05/08/2	05/08/2008				S		22,433	D	\$11	.55	5 359,627		I		Held by Foundation Medical Partners, LP <sup>(1)</sup>
Common Stock 05/09				05/09/2	008				S		12,100	D	\$11	.45	347	347,527		I	Held by Foundation Medical Partners, LP <sup>(1)</sup>
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date,	I. Fransaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

1. Dr. Wrubel is a general partner of Foundation Medical Partners, LP. Dr. Wrubel disclaims beneficial ownership of the securities held by Foundation Medical Partners, LP, except as to his pecuniary interest therein

/s/ Lee R. Wrubel

05/12/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.