FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

gton, <i>D.</i> C. 20040	OMB APF	OMB APPROVAL					
C IN DENETICIAL OWNEDCHID	OMB Number:	3235-02					

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person* Privitera Salvatore						2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]									Check	all app	nship of Reporting applicable) pirector Officer (give title		Person(s) to Issuer  10% Owner Other (specify	
(Last) (First) (Middle) 6033 SCHUMACHER PARK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 07/29/2009									X	belov			below)		
(Street) WEST CHESTE	ER OI	H 4	45069		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(St	ate) (	(Zip)			FCISUII														
		Tabl	le I - Noi	n-Deriv	/ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A d Of (D) (Instr. 3,			4 and Se		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	, l	Transaction(s) (Instr. 3 and 4)				(11134114)
Common Stock 07/2					9/2009	9			A		36,00	36,000 A		\$0	0 <sup>(1)</sup> 59,526 <sup>(2)</sup>		),526 <sup>(2)</sup>		D	
		Та									osed of, onvertib				y Ow	ned				
Security or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Deriva		ative rities ired osed	6. Date E Expiratio (Month/D		Amount of			8. Price o Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, G G G (I	.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber res						

## **Explanation of Responses:**

- 1. Mr. Privitera acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2005 Equity Incentive Plan. The shares will vest 25% annually over four years.
- 2. This figure includes 1,500 shares acquired pursuant to the AtriCure, Inc. 2008 Employee Stock Purchase Plan for the six month period ending June 30, 2009.

/s/ Julie A. Piton as Attorneyin-Fact for Salvatore Privitera

07/31/2009

\*\* 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.