FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burde	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>HARRISON DONALD C</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														X Directo	r		10% Ow	ner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/06/2006								Officer below)	(give title		Other (s below)	pecify	
525 UNIVERSITY AVENUE, SUITE 1400						, 00, 2	000												
							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Stroot)					_	II Amendment, Date of Original Flied (Month/Ddy/Teal)								Line)					
(Street) PALO ALTO		A	94301											X Form filed by One Reporting Person				1	
			J4J01		-									Form filed by More than One Reporting Person				ting	
(City)	(S	tate)	(Zip)																
		Tal	ole I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired, D	ispo:	sed of	f. or Ber	eficiall	v Owned					
1 Tido of (	Caarreiter (Ima					_			<del></del>	<del>-</del>				-		c 0	manahin .	7 Notine of	
1. Title of Security (Instr. 3) 2. Trans Date					Execution Date,						r. 3, 4 and	nd Securities		6. Ownership Form: Direct		7. Nature of Indirect			
(M				(Month	ı/Day/Y		if any (Month/Day/Year)		Code (Instr. 5)			Beneficia Owned F			or Indirect Instr. 4)	Beneficial Ownership			
									1	+	(A) or		Т	Reported Transact				(Instr. 4)	
									Code V	Ar	Mount	(A) or (D)	Price	(Instr. 3 a					
			Table II -	Deriva	ative	Sec	urities	Aca	uired, Dis	nose	ed of.	or Bene	ficially	Owned					
									s, options										
1. Title of	2.	3. Transaction	3A. Deemed	d 4	4.		5. Number		6. Date Exercisab		ble and 7. Title and Am		d Amount	8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution E		Transa Code (l		Derivative Securities		Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities Beneficially		Ownership Form: Direct (D) or Indirect	Beneficial Ownership		
(Instr. 3)	Price of	(Month/Day/Tear)	(Month/Day		8)				Derivative Secu				Security					(Instr. 5)	
	Derivative Security						Acquired (A) or		(Instr. 3 and 4)				id 4)		Owned Following		(i) (instr. 4)	(Instr. 4)	
							Disposed of (D) (Instr.								Reported Transaction(s)				
							3, 4 and 5)								(Instr. 4)	011(3)			
				Γ						Т			Amount	1					
													or Number						
					Code	v	<sub>(0)</sub>	(D)	Date Exerciseble	Expi Date	piration	Titlo	of						
		<u> </u>			Coue	, v	(A)	(D)	Exercisable	Pale	ıc	Title	Shares						
Stock Option	<b>***</b> 27	0.4/05/2005			١, ١		20,000		0.4/05/000=(1)		00/2010	Common	20,000	\$0 <sup>(2)</sup>	20.00				
(Right to	\$9.37	04/06/2006			A		30,000		04/06/2007 <sup>(1)</sup>	04/0	06/2016	Stock	30,000	\$0(2)	30,000	U	D		

## Explanation of Responses:

- 1. Exercisable cumulatively at a rate of 25% per annum commencing on April 6, 2007 (one year from the date of grant).
- 2. Not applicable.

/s/ Thomas J. Etergino as Attorney-in-Fact for Donald C. 04/07/2006 Harrison

\*\* Signature of Reporting Person Date

Signature of Reporting Person

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.