FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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>CARREL MICHAEL H</u> |  |       |   |                                  |   | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ ATRC ] |   |   |   |                                      |  |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner |   |  |     |   |  |
|--|--|-------|---|----------------------------------|---|---|---|---|---|--------------------------------------|--|---|---|---|---|--|-----|---|--|
| (Last) (First) (Middle) 7555 INNOVATION WAY                      |  |       |   |                                  |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2024         |   |   |   |                                      |  |   |   | <b>V</b>  | Officer (give title below)  Other (specify below)  President, CEO, & Director |  |     |   |  |
| (Street)<br>MASON OH 45040-969                                   |  |       |   | 9695                             | 4. If <i>I</i>  | If Amendment, Date of Original Filed (Month/Day/Year)               |   |   |   |                                      |  |   | 6. Individual or Joint/Group Filing (Check Applical Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |   |  | son |   |  |
| (City) (State) (Zip)   |  |       |   |                                  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |   |   |   |                                      |  |   |   |   |   |  |     |   |  |
|  |  | Table | I - No  | n-Deriva                         | tive S  | Secu  | rities  | Acc   | quired                                  | , Dis                                | posed of   | , or E  | Benefic   | ially   | / Own   | ed   |     |   |  |
| Date   |  |       |   | 2. Transac<br>Date<br>(Month/Day |   | Exec<br>if any  | Deemed<br>ecution Date,<br>ny<br>onth/Day/Year) |   | 3.<br>Transaction<br>Code (Instr.<br>8) |                                      | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3,<br>5) |   |   | , 4 and Securities Beneficially Owned Following   |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |     | 7. Nature of Indirect Beneficial Ownership                              |  |
|  |  |       |   |                                  |   |   |   |   | Code                                    | v                                    | Amount   | (A) (D)   | Price   | ,   | Reporte<br>Transac<br>(Instr. 3   | tion(s)  |     |   | (Instr. 4)   |
| Common Stock 08/14/2   |  |       |   |                                  | 2024  | )24   |   |   | G                                       | V                                    | 3,000  | D   | \$0   | (1)   | 653,239   |  |     | D   |  |
| Common Stock   |  |       |   |                                  |   |   |   |   |   |                                      |  |   |   |   | 5,  | 310  |     | Ι   | Held by<br>reporting<br>person's<br>children <sup>(2)</sup>        |
| Common Stock   |  |       |   |                                  |   |   |   |   |   |                                      |  |   |   |   | 2,250   |  |     | I   | Held by<br>reporting<br>person's<br>parents <sup>(2)</sup>         |
|  |  | Та    | ble II ·  |                                  |   |   |   |   |   |                                      | osed of, convertib   |   |   |   | Owne  | d  |     |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | Derivative Conversion Date Execution<br>Security or Exercise (Month/Day/Year) if any |       | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                  |   | Transaction Code (Instr.  |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |   | Exercition Day/                      |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |   |   |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |     | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |       |   | Code                             | Code V (A) (D)  |   | Date<br>Exercisable                             |   | Expiration<br>Date                      | Amo<br>or<br>Num<br>of<br>Title Shar |  |   |   |   |   |  |     |   |  |

#### **Explanation of Responses:**

- 1. No consideration was received in connection with this charitable gift.
- 2. The reporting person disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.

## Remarks:

/s/ Michael H. Carrel 08/16/2024

\*\* 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.