FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
1	Estimated average burden									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Drake Scott William</u>						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]									k all app	tionship of Reportin all applicable) Director		g Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) 6638 LEGEND RIDGE TRAIL					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2019										Offic belov	er (give title w)		Other (specify below)	
(Street) NIWOT (City)	CC (St		80503 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	Forn	or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting Ision			
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or I	3ene	ficially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		3. Transaction Disposed Code (Instr. 5)						Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							v	Amount	(A (D) or)	Price	Transa	Transaction(s) (Instr. 3 and 4)			(msu. 4)			
Common Stock 05/22/					/2019	2019		A		4,208	1) A		\$0.00	2	26,234)		
		Та									sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date,	Date, Transacti Code (Ins				6. Date E Expiratio (Month/E	n Dat	Amount of		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amor or Numl of Share	oer					

Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. The shares will vest upon the one-year anniversary of the grant date.

Remarks:

/s/ Allison Walker as Attorney-05/24/2019 in-Fact for Scott W. Drake

** 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.