FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
I	OMB Number:	3235-0287									
	Estimated average burd	en									
	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>Krell Elizabeth D</u>						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
									-				:	Directo	r		10% Ow	ner	
(Last) (First) (Middle) 13005 HAWKINS CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2017								Officer below)	(give title		Other (specified of the other	pecify	
		4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)							and the state of original rived (Month & Day) really							Line)					
HAGERSTOWN MD 21742														X Form filed by One Reporting Person					
					_									Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tal	alo I No	n Dor	ivativ	, S	ouri	tion A	auirod	Die	sposed o	f or Por	oficiall	v Ownod					
			JIE I - INC			_			-	, DIS	·	-		_					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						ar) E	any	emed ion Date, /Day/Year	Code (I	Transaction Disposed O Code (Instr.				5. Amount of Securities Beneficially Owned Following		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	Reported Transact (Instr. 3	tion(s)				
Common Stock 05/16/2							2017		M		10,000	A	\$10.1	24	24,162		D		
Common Stock 05/17/2						2017		S		10,000	D	\$21.44	1) 14	14,162		D			
			Table II	. Deriv	ative	Sec	uriti	ലെ മഹ	wired I	Disr	osed of,	or Bene	ficially	Owned	·				
			rabic ii								convertit			Ownea					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution	Date,		ansaction ode (Instr.		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
													Amount						
									Date		Expiration		Number of						
					Code	v	(A)	(D)	Exercisal	ole	Date	Title	Shares						
Stock Option (right to buy)	\$10.1	05/16/2017			M			10,000	05/28/200)9 ⁽²⁾	05/28/2018	Common Stock	10,000	\$0.00	0		D		

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$21.37 to \$21.65 per share. The price reported above reflects the weighted average price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

 $2. These \ options \ were \ granted \ on \ May \ 28, 2008 \ and \ are \ exercisable \ cumulatively \ at \ a \ rate \ of \ 33\% \ per \ annum \ beginning \ one \ year \ from \ date \ of \ grant.$

Remarks:

<u>/s/ Elizabeth D. Krell</u> <u>05/17/2017</u>

** 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.