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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

eporting Person*	n [*] (Middle)		2. Iss	uer Nar	ne and Tio	ker or T		_)î 1940		1-			a Daraan(a) ta k	
	(Middle)		or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								Check all app Direc		10% (
				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2013								belov	,	below) Financial Officer		
	45069 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Tabl	ble I - Noi	า-Deriง	ative :	Secur	ities Ac	quire	l, Di	sp	osed o	f, or	Bene	eficia	ally Owne	ed		
1. Title of Security (Instr. 3)		Date (Month/Day/Year)		Exec) if any	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5						nd Securi Benefi Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							v		Amount			Price	Transa	ction(s)		(111301.4)
05/20		0/2013			F			149 ⁽¹⁾ D		D	\$9.05		2,508	D		
Та													y Owned			
tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			tion on str. E	n of Expirat			Date		and 4)			8. Price of Derivative Security (Instr. 5)	tive derivative Securities 5) Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
3	Ta 3) . Transaction atte	Table II - I Transaction atter Month/Day/Year) Table II - I (3A. December Sexecution if any	Table I - Non-Derivate (Month/ Table II - Derivate (e.g., pinate (Month/Day/Year)) Table III - Derivate (e.g., pinate (Month/Day/Year))	Table I - Non-Derivative Segment (Month/Day/Year) Table II - Derivative Segment (e.g., puts, catter) Transaction at Execution Date, if any if any 1.5 catter (any catter) Transaction at the control of the control o	Table I - Non-Derivative Secur 2. Transaction Date (Month/Day/Year) 05/20/2013 Table II - Derivative Securitir (e.g., puts, calls, w. and the month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) 3A. 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Date Expirat (Month/Day/Year)	Table II - Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4	Table II - Non-Derivative Securities Acquired, Disposed of (D) (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4) Table III - Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4)	Table I - Non-Derivative Securities Acquired, Disposed of Salar Securities Acquired (Instr. Salar Securities Acquired, Disposed of Salar Securities Acquired, Disposed of Salar Securities Acquired, Disposed of Securities Acquired (Instr. Securities A	Table I - Non-Derivative Securities Acquired, Disposed of, or I 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date, if any (Month/Day/Year) 3. 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Explanation of Responses:

1. The Reporting Person has elected to transfer these shares to the Company to satisfy the tax withholding obligation incurred upon the vesting and release of shares previously acquired pursuant to a Restricted Stock Award.

(D)

Date Exercisable

Expiration

/s/ M. Andrew Wade

Title

05/22/2013

Date

** Signature of Reporting Person

Number

of Shares

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).

Code

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.