FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number:	3235-028
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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

OMB APPROVAL								
OMB Number: 3235-028								
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1. Name and Address of Reporting Person* WEHRWEIN SVEN						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]									Check a	tionship of Reportin all applicable) Director		ng Person(s) to Issuer		
(Last) 4877 EA	(Fi	rst) (HARRIET PARF	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2019									Officer (g below)	fficer (give title elow)		Other (specify below)		
(Street) MINNE	APOLIS M		55419 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							ine) X	Form file	I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson					
		Tabl	e I - Noi	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	efici	ally O	wned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			nd S B O	Amount ecurities eneficiall wned Fol eported	ly	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	, т	ransaction nstr. 3 an				iiisii. 4)
Common	Stock			05/22	2/2019)			A		4,208([1)	A	\$0.	.00	15,23	34	34 D		
		Та	able II - I								sed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ed 4. Transact Code (In: 8)					6. Date E Expiratio (Month/D	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Pric Deriva Securi (Instr.	tive der ty Sec 5) Ber Ow Fol Rep Tra	Number of rivative curities neficially vned llowing ported ansaction(str. 4)	Owners Form: Direct (or Indir (I) (Inst	hip of B D) O ect (li	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code		(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	ount nber ires						

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 Sven Wehrwein

** 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.