FORM 4

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 | | | | | | | | | | |

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* Yount Deborah Lee | | | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | | | (Che | ck all app Direc | ationship of Reporting all applicable) Director Officer (give title below) Chief Human F | | rson(s) to Is 10% O Other (| wner |
|--|---|---|--------------|----------|---|---|--|--|--------|---|----------|------------|--|---|---|--|--|-----------------------------------|-----------|
| (Last) (First) (Middle) 7555 INNOVATION WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022 | | | | | | | | X | belov | below) | | | · | |
| (Street) MASON (City) | | | 5040 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Inc Line) | Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive \$ | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | action(s) 3 and 4) | | | (11150.4) |
| Common Stock 06/01/2 | | | | | | 2022 | | | A | | 16,900 | A | (1) | \$ <mark>0</mark> | 10 | 16,900 | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | cise (Month/Day/Year) if any (Month/Day/Year) | | | ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares | | str. | Price of erivative ecurity nstr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. One third of the shares will vest annually upon the respective one, two, and three year anniversaries of the date of grant.

Remarks:

/s/ Deborah Lee Yount

06/03/2022

** 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.