Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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: 3235-0287									
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person*  Yount Deborah Lee				2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Office (size title and consists)  Other (consists)							
(Last) 7555 INI	`	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/28/2024							<b>V</b>	Officer (give title below)  Chief Human F		Other (sp below) Lesources Office		·
(Street)  MASON	Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne)					
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to			
		Table	I - No	on-Deriva	tive S	Secur	rities	Acc	quirec	l, Dis	sposed of	, or B	enefici	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				.	Execut if any	eemed ution Date, :h/Day/Year)				s Acquired (A) of (D) (Instr. 3, 4		4 and 5) Se Be Ov		5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Tra		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 06/28/20					024				A		707 <sup>(1)</sup> A \$		\$19.3	<b>5</b> <sup>(2)</sup>	47,926			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)	erivative Conversion Date Execution I ecurity or Exercise (Month/Day/Year) if any			ıtion Date,	n Date, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Shares acquired pursuant to the AtriCure, Inc. 2018 Employee Stock Purchase Plan for the period ended June 30, 2024.
- 2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on June 28, 2024, which is the last trading day of the applicable offering period. The closing price on June 28, 2024 was \$22.77.

## Remarks:

/s/ Allison Walker as 07/02/2024 Attorney-in-fact for Deborah

Lee Yount

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.