FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

	Check this box if no longer subject to								
ì	Section 16. Form 4 or Form 5								
J	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

						Colloi	1 30(11)	01 1110	iiivestiiie	5111C OC	mpany Act	01 13-0								
1. Name ar		2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Wade N	1210	Aincare, me. [Ainc]									Direc	ctor	10%	Owner						
																er (give title	Other	(specify		
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)								X	belov	below) below)		<i>'</i>)		
						06/30/2017										SVP a	nd CFO			
7555 INNOVATION WAY																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)				1										Line)						
MASON	OH 45040			1								X	Forn	Form filed by One Reporting Person						
															Form filed by More than One Reporting					
(City)	(St	(State) (Zip)				Person						ion								
		Tabl	la I Mi	an Davis	-4:	<u> </u>		- ^ -				4) £		O					
		Tabi	e i - ivi	on-Deriv	alive	Sec	uritie	SAC	quired	ı, Di:	sposed o				Owne	eu				
1. Title of S	Security (Inst	r. 3)		2. Transac Date	tion	on 2A. Deemed Execution Date.			3. Transaction Code (Instr. 3, 4)			red (A) o	and 5) Securi		ount of	6. Ownership Form: Direct	7. Nature of Indirect Beneficial			
				(Month/Da	y/Year)	r) if any		7 (D) (III3ti. 3, 4 e				icially			(D) or Indirect					
						(Month/Day/Year)		8)						Owned Following (I)		(I) (Instr. 4)	Ownership (Instr. 4)			
										l _v	Amount	(A) or	r Prio	Price		action(s)		(
									Code			(D)		-	(Instr.	3 and 4)				
Common Stock 06/30/20)17			A	V	529 ⁽¹⁾	A	\$1	5.32 ⁽²⁾	10	61,950	D			
		_						•		<u> </u>			e				ļ			
		Ia	ıbie ii -								osed of, convertib			-	vnea					
		1		(e.g., pt	its, c	alis,	waii	anıs,	ομιιο	115, 0	onvertio	ie sec	uritie	5)						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Dee		4. Transa	otion	5. Nu of	5. Number		Exercion Da	isable and	Amount of			ice of	9. Number o derivative	f 10. Ownership	11. Nature of Indirect Beneficial		
Security	or Exercise	(Month/Day/Year)	if any		Transa Code ((Month					Seci		Securities	Form:			
(Instr. 3)	Price of Derivative		(Month/	Day/Year)	8)				[` ′ ′			Underlying Derivative		(Inst	r. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						(A) or					Security (Instr.		3		Following	(I) (Instr. 4)	(111511. 4)		
								sed				and 4)				Reported Transaction(s	/ · · · /			
							of (D) (Instr. 3, 4								(Instr. 4)	'				
				L			and 5)													
													Amou	ıt						
													or Numbe	r						
						.,	 	[<u></u>	Date		Expiration	T:41-	of							
	I	I	I		Code	V	(A)	(D)	Exercis	able	Date	Title	Shares	1				1		

Explanation of Responses:

- 1. Shares acquired pursuant to the AtriCure, Inc. 2008 Employee Stock Purchase Plan for the period ended June 30, 2017.
- 2. Closing price on June 30, 2017 was \$24.25.

Remarks:

/s/ M. Andrew Wade

07/05/2017

** 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.