Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

			(or Section 30(h) of the	Investm	ent Co	ompany Act of	f 1940						
1. Name and Address of Reporting Person*				2. Issuer Name and Tic AtriCure, Inc.			g Symbol		Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CARREL MICHAEL H				1		J		X	Director	10% (Owner			
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)						Officer (give title below)	Other below	(specify)		
7555 INNOVATION WAY				06/30/2021					President, CEO, & Director					
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
MASON	OH	45040							X	Form filed by One	e Reporting Per	son		
(City)	(State)	(Zip)								Form filed by Mo Person	re than One Re _l	porting		
	ı	Table I - No	on-Derivativ	e Securities Ac	quired	d, Dis	sposed of	or Be	eneficially	Owned				
Da		2. Transaction Date (Month/Day/Ye	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		

														1		
	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Common Stock

1. Shares acquired pursuant to the AtriCure, Inc. 2018 Employee Stock Purchase Plan for the period ended June 30, 2021.

06/30/2021

2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on January 4, 2021, which was the first trading day of the applicable offering period. The closing price on January 4, 2021 was \$53.79.

Remarks:

/s/ Michael H. Carrel

A 251⁽¹⁾ A \$45.72⁽²⁾

07/02/2021

499,541

** Signature of Reporting Person

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.