FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject |
|----|-------------------------------------|
| ٦. | to Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(b). |

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

| Name and Address of Reporting Person* <u>Privitera Salvatore</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | | | | lationship of Reporting Person(s) to Issuck all applicable) Director 10% Owner | | | | | |
|--|---|--|----------------|--|---|--|---|---|--------------------------|---|---------------|--|------------------------------------|-------|--|--|-------------------------------------|---|--|--|
| (Last) (First) (Middle) 7555 INNOVATION WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023 | | | | | | | | | X | Officer (give title below) Chief Tech | | Other (s below) nical Officer | | specify | |
| (Street) MASON OH 45040-9695 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | 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. | | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | ecur | rities | Acc | quired | , Dis | posed of | , or E | Benefic | ially | O wr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/\) | | | | | Execution Date, | | | Code (Instr | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secu Bene Own Follo | | icially d <i>r</i> ing | 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 | Repor Trans (Instr. | | ted action(s) 3 and 4) | | | | | |
| Common |)23 | | | A | | 557(1) | A | \$38.1 | .1 ⁽²⁾ 79,217 | | 9,217 | 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 | 3. Transaction Date (Month/Day/Year) | Exec if any | Deemed ution Date, / th/Day/Year) | 4. Transac Code (I 8) | | 5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr | rative rities iired r osed) | 6. Date | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | nt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow For Oir or I (I) (| nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Shares acquired pursuant to the AtriCure, Inc. 2018 Employee Stock Purchase Plan for the period ended June 30, 2023.
- 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 3, 2023, which is the first trading day of the applicable offering period. The closing price on January 3, 2023 was \$44.84.

Remarks:

/s/ Allison Walker as Attorney-in-fact for Salvatore 07/03/2023 Privitera

** 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.