FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

1. Name and Addres <u>Seith Douglas</u>	ss of Reporting Person	*	2. Issuer Name and Ticker or Trading Symbol <u>AtriCure, Inc.</u> [ATRC]		ionship of Reporting Person all applicable) Director	10% Owner
(Last) (First) (Middle 7555 INNOVATION WAY		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2020	Х	Officer (give title below) Chief Operating O	Other (specify below) Officer
(Street) MASON	ОН	45040	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line) X	dual or Joint/Group Filing (C Form filed by One Reportir	
(City)	(State)	(Zip)			Form filed by More than O Person	ne Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock	02/11/2020		М		50,000 ⁽¹⁾	Α	\$21.04	201,299	D	
Common Stock	02/11/2020		F		35,059 ⁽²⁾	D	\$42	162,740	D	
Common Stock								3,500	Ι	Held by spouse ⁽³⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(0.3, parts, carrier, correction and coordinate)														
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)		Deri Sec Acq or D of (I	umber of ivative urities uired (A) Disposed D) (Instr. 3, id 5)	6. Date Exerci Expiration Dat (Month/Day/Ye	e	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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (right to buy)	\$21.04	02/11/2020		М			50,000 ⁽¹⁾	01/24/2015 ⁽⁴⁾	01/24/2024	Common stock	50,000	\$0.00	0	D	

Explanation of Responses:

1. These shares were exercised pursuant to a 10b5-1 trading plan.

2. These shares were sold pursuant to a 10b5-1 trading plan.

3. The Reporting Person disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.

4. These options were granted on January 24, 2014. The options vest and are exercisable as to 25% of the shares one year from the date of grant and the remaining 75% thereafter vests and are exercisable in equal monthly installments on the same day of the month over the following three years.

Remarks:

/s/ Douglas J. Seith

** Signature of Reporting Person

02/13/2020

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.