FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

STATEMENT OF CHA	ANGES IN BENE	FICIAL OW	NERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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*     Nachman Shlomo					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]									Relationshipheck all app	licable)	rson(s) to Is 10% Ov			
(Last)	(Fir	st) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/04/2024									Office below	er (give title v)		Other (s below)	pecify
7555 INNOVATION WAY					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form	filed by On	e Rep	orting Perso	on
MASON	OH	I 4	5040												Form Perso		re tha	n One Repo	orting
(City)	(Sta	ate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I							t to a c	a contract, instruction or written plan that is intended to struction 10.					
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Date,	3. Transaction Code (Instr. 8)  4. Securities Acquir Disposed Of (D) (Instr. 5)					nd Securit Benefic Owned	rities Feficially ( ed Following (		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A)	) or )	Price	Report Transa (Instr. 3	ted action(s) 3 and 4)		[	Instr. 4)
Common Stock 01/04					2024			A		5,322	1	A	\$ <mark>0</mark> (	(1) 5,322			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)	if any	med on Date, Day/Year)		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of						

## Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2023 Stock Incentive Plan. The shares will vest 33% annually over three years from the date of grant.

## Remarks:

/s/ Shlomo Nachman

01/08/2024

\*\* 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.