FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	ΩE	CHANGES	IN REN	IEEICIAI	OWNER	CHID
SIAIEMENI	OF	CHANGES	IIN DEI	NEFICIAL	OWNER	SHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burd	len								
1	hours per response:	0.5								

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

1. Name and Address of Reporting Person* Seith Douglas J						2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 7555 INNOVATION WAY						3. Date of Earliest Transaction (Month/Day/Year) 11/14/2016										below)		ating	Other (specify below) ng Officer	
(Street) MASON OH 45040					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person										.				
(City)	(S	tate)	(Zip)		-											Form f Persor		e than	one Repo	rting
		Tab	le I - No	n-Deri	vative	e Se	curiti	es A	cqui	red, C	) Dis	posed o	f, or B	enefi	cially	Owned	<u> </u>			
Date						Ex Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				4 and Secur Benef Owne		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										ode \	/	Amount	(A) (D)	r Pr	ice	Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Common	Stock			11/1	4/2016	2016				М		250	A	:	\$9.7	193,283		D		
Common Stock				11/1	1/2016					М		200	A	\$	12.22	193,483			D	
Common Stock				11/1	4/2016					S		450	D	\$	20.23	193,033			D	
Common Stock																3,500				Held by spouse <sup>(1)</sup>
		7	Γable ΙΙ -									osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Tracturity or Exercise (Month/Day/Year) if any Co			Transa Code (		ion of Ex			. Date Exercisable and xpiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		Expiration Date	Title	or	ount nber res					
Stock Option (right to buy)	\$9.7	11/14/2016			M			250	12/06	/2007 <sup>(2)</sup>	) 1	2/06/2016	Common Stock	25	50	\$0.00	0		D	
Stock Option (right to	\$12.22	11/14/2016			M			200	02/08	/2008 <sup>(3)</sup>		2/08/2017	Common Stock	20	00	\$0.00	0		D	

## **Explanation of Responses:**

- 1. The Reporting Person disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.
- 2. These options were granted on December 6, 2006 and are exercisable as to 25% of the shares upon the one-year anniversary of the date of grant and the remaining 75% thereafter vests and is exercisable in equal monthly installments on the same day of the month over the following three years.
- 3. These options were granted on February 8, 2007 and are exercisable as to 25% of the shares upon the one-year anniversary of the date of grant and the remaining 75% thereafter vests and is exercisable in equal monthly installments on the same day of the month over the following three years.

## Remarks:

/s/ Douglas J. Seith

11/16/2016

\*\* 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.