FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* Wrubel Lee R					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								(Che	elationshi eck all app	olicable)	rting Pe	erson(s) to	Issuer Owner	
(Last) 6033 SCI	(Fii	rst) (ER PARK DRIV	Middle)		3. Date of Earliest Trans 05/14/2008					saction (Month/Day/Year)						cer (give title w)		Othe belov	r (specify v)
(Street) WEST CHESTE (City)			45069 (Zip)		4. If	f Amer	ndment	, Date o	of Origin	al File	ed (Month/Da	ay/Year)		Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			2. Transaction Date (Month/Day/Year)		ear) Execution Date,		Transaction D		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	nount (A) or Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	n Stock 05/14/2008 s 5,000 D \$11.04 327,527						′,527	I		Held by Foundation Medical Partners, LP ⁽¹⁾									
Common Stock 09			05/15/2	2008				S		8,810	D	\$11	.11	318,717		I		Held by Foundation Medical Partners, LP ⁽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)			if any	ition Date, Transa				6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.		Beneficial Ownership (Instr. 4)	
			v			(A)	(D)	Date Exercisable		Expiration Date	Title	or Number of Shares							

Explanation of Responses:

1. Dr. Wrubel is a general partner of Foundation Medical Partners, LP. Dr. Wrubel disclaims beneficial ownership of the securities held by Foundation Medical Partners, LP, except as to his pecuniary interest therein.

/s/ Lee R. Wrubel

05/16/2008

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).