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 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

| 1. Name and Address of Reporting Person* <u>Wirick Angela L</u> | | | | | suer Name and Tic riCure, Inc. | | | g Symbol | | (Checł | ationship of Reportir (all applicable) Director | 10% (| Dwner | |
|---|----------------------|----------|----------|--|---|-----------|---|--------------------|--------------------|--------|---|---|---|---|
| (Last) 7555 INNOV | (First) ATION WAY | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020 | | | | | | | Х | Officer (give title below) Chief Finan | Other (specify below) ncial Officer | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| MASON OH 45040 | | | | | | | | | | | Х | Form filed by On | e Reporting Per | son |
| (City) | (State) | (Zip) | | | | | | | | | | Form filed by More than One Reporting Person | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day/Ye | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Ins | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | v | Amount | t (A) or (D) Pr | |) | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stoc | k | | 12/31/20 | 20 | | A | | 240 ⁽¹⁾ | A | \$38 | .48 ⁽²⁾ | 83,055 | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |

| 2011 millio 2000 million i 2010 mill |
|--|
| (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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of E | | 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 Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares acquired pursuant to the AtriCure, Inc. 2018 Employee Stock Purchase Plan for the period ended December 31, 2020.

2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on July 1, 2020, which was the first trading day of the applicable offering period. The closing price on July 1, 2020 was \$45.27.

Remarks:

/s/ Angela L. Wirick

01/04/2021

** 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.