FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

Check this box if no longer subject
Section 16. Form 4 or Form 5
bligations may continue. See
netruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Doraiswamy Vinayak						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow V Officer (give title Other (st					wner
(Last) 7555 IN	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024									X	belov	Officer (give title below) Chief Scienti		pelow)	specify
(Street) MASON	ОН	Н 45040-9695			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	•					
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In										uction or writt	en plan tha	t is inte	nded to	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	juired,	Dis	posed of	, or B	Benet	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				, 4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or P	rice	Transa	nsaction(s) tr. 3 and 4)			(111341. 4)
Common Stock 03/01/					2024				A		19,294	A		\$0 ⁽¹⁾	(1) 58,604		604 D		
Common Stock 03/01/2					2024				A		9,328	A		\$0 ⁽²⁾ 6		7,932	D		
Common Stock 03/01/2				2024				F		8,855(3)	D	\$	36.28	5	59,077				
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code (8)	Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date		Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr Forr Dire or Ir (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- 1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2023 Stock Incentive Plan. One third of the shares will vest annually upon the respective one, two, and three year anniversaries of the date of grant.
- 2. The Reporting Person acquired these shares pursuant to the vesting and release of a Performance Share Award under the AtriCure, Inc. 2014 Stock Incentive Plan. The award had Company performance goals and a service period requirement which were met.
- 3. The Reporting Person has elected to transfer these shares to the Company to satisfy the tax withholding obligation incurred upon the vesting and release of shares previously acquired pursuant to a Restricted Stock Award or Performance Share Award.

Remarks:

/s/ Vinayak S. Doraiswamy

03/05/2024

** Signature of Reporting Person

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.