FORM 4

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

ashington,	D.C.	20549	
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STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
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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

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  Officer (give title Other (specify					vner		
(Last) 7555 INI	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							X	belov		be	low)	specify		
(Street) MASON OH 45040-9695					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(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 li														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,				Acquired (A) or f (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ct ect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)		ice	Transaction(s) (Instr. 3 and 4)				(111501. 4)	
Common Stock 03/01/					2024				A		37,899	A		<b>\$0</b> <sup>(1)</sup>	148,911		D		
Common	nmon Stock 03/01/20					024			A		19,205 A		\$ <mark>0</mark> (2)	168,116		D			
Common Stock 03/01/2				2024				F 14,596 <sup>(3)</sup> D		\$	36.28	5.28 153,520		0 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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Date Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		Dei See (Instr.	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direct or Ind (I) (Ins	(D) irect	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/ Douglas J. Seith

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.