Instruction 1(h)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* Preiss Frederick						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]									lationship o k all applica Director	Reporting Person(s) to Issuer able) 10% Owner			
(Last) 6217 CE	(F NTRE PAR	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/09/2011								X	below)			Other (s below) perations	pecify
(Street) WEST CHESTE	ER O	Н	45069		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi ine) X	,				
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispose Code (Instr. 5)			ties Acqui l Of (D) (In			nd Securities Beneficially Owned Following Reported Transaction(s)		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
										e V	Amount	(A) (D)	Pric	e					(Instr. 4)
Common Stock				02/0	/09/2011				A		7,500) A	\$	0(1)	36,982			D	
Common Stock				02/0	2/09/2011				A		13,00	0 A	\$	0(2)	49,982		D		
Common	Stock			02/0	09/201	11			F		4,006	4,006 ⁽³⁾ D \$11.2 45,976 D				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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Trans Code		action (Instr.	of		6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to Buy)	\$11.2	02/09/2011			A		11,000		02/09/20	12 ⁽⁴⁾	02/09/2021	Commor Stock	11,0	00	(5)	11,000	0	D	

Explanation of Responses:

- 1. Mr. Preiss acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2005 Equity Incentive Plan. The shares will vest 25% annually over four years from date of award.
- 2. Mr. Preiss acquired these shares pursuant to the vesting and release of a Performance Share Award under the AtriCure, Inc. 2005 Equity Incentive Plan. The award had both a Company performance goal and a service period requirement, which were both met. Vesting was approved by the Compensation Committee of the Board of Directors on February 9, 2011.
- 3. Mr. Preiss has elected to transfer 4,006 shares to the Company to satisfy the tax withholding obligation incurred upon the vesting and release of shares acquired pursuant to a Performance Share Award.
- 4. The option vests and is exercisable as to 25% of the shares one year from 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.

5. Not applicable

02/10/2011 /s/ Frederick Preiss

Date

** 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.