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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 [*] Prange Karen					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023									Office below	er (give title v)		Other (s below)		
7555 INNOVATION WAY					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MASON	1 01	H 4	45040-9695											:	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication													
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					y/Year) Execut		ution Date,					ies Acquired (A Of (D) (Instr. 3,			5. Amo Securi Benefi Owneo Follow	cially 1		Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(# (E	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 05/25/2					2023			Α		3,186(1)	A	\$ <mark>0</mark>	60 16,853		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)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Num of Deriv Secu Acqu (A) o Disp of (D (Insti and S	vative rities lired r osed) r. 3, 4	6. Date E Expiratio (Month/E	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		; ; ; ; ;	3. 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 Exercisa	ıble	Expiration of		or Nun of	ount nber .res					

Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2023 Stock Incentive Plan. The shares will vest upon the one-year anniversary of the grant date.

Remarks:

/s/ Allison Walker as

Attorney-in-fact for Karen N. 05/26/2023 Prange

** 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.