FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|------------------|------------|-----------------|-----------|

| OMB APPR | OVAL |
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| OMB Number: | 3235-0287 |
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1(c). See Instruction 10. 1. Name and Address of Reporting Person* Noznesky Justin J | | | | 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | | | | | | |
|--|----------------|---------|---|---|--|---|---|--|---|---|-------------------------------------|------------|--|--|-------------------------------|---|--|---|------------|
| | | | | AtriCure, Inc. [ATRC] | | | | | | | | (Che | Direc | tor | | 10% O | - | | |
| (Last) 7555 INI | (Fir | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2024 | | | | | | | | | below | er (give title v) f Mktg & | Strate | Other (s below) egy Office | . , |
| (Street) MASON | OF | H 4 | 5040-90 | 695 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line |) Z Form | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (Sta | ate) (Ž | Zip) | | | | | | | | | | | | Perso | on | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | ritie | s Acq | uired, | Disp | osed of | , or E | 3ene | eficia | lly Own | ed | | | |
| Da | | | | 2. Transaction Date (Month/Day/Year) | | Exe if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Of Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3, | | | Benefic Owned | ies cially Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Report Transa (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | Common Stock 1 | | | | /2024 | | | G | V | 585 | I |) | \$0 ⁽¹⁾ | 70,699 | | | D | | |
| | | Tal | | | | | | | | | sed of, onvertib | | | | / Owned | d | | | |
| Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any | | if any | emed ion Date, //Day/Year) 4. Transac Code (Ir | | | ction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | ı [| B. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or | ount nber res | | | | | | |

Explanation of Responses:

1. No consideration was received in connection with this charitable gift.

Remarks:

/s/ Justin J. Noznesky

12/12/2024

** 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.