SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

MCGREVIN GENE R	2. Date of Event Requiring Stater (Month/Day/Yea 04/06/2006	nent	3. Issuer Name and Ticker or Trading Symbol <u>AtriCure, Inc.</u> [ATRC]						
(Last) (First) (Middle) 13000 DEERFIELD PARKWAY, SUITE			4. Relationship of Reporting Perso (Check all applicable) X Director				5. If Amendment, Date of Original Filed (Month/Day/Year)		
300				Officer (give title below)	Other (spe below)	cify	Appli	cable Line)	/Group Filing (Check
(Street) ALPHARETTA GA 30004									y One Reporting Person y More than One erson
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		I 3. Title and Amount of Securit Underlying Derivative Security				ersion (ercise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Amount Derivativ or Security Number of		Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	04/06/2007 ⁽¹⁾	04/06/201	6	Common Stock	50,000	9.3	57	D	

Explanation of Responses:

1. Exercisable cumulatively at a rate of 25% per annum commencing on April 6, 2007 (one year from the date of grant).

/s/ Thomas J. Etergino as Attorney-in-Fact for Gene R. McGrevin

04/07/2006

** 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 5 (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.