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

OMB APPROVAL									
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Instruction	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										0.0							
Name and Address of Reporting Person*     Noznesky Justin J					2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]							(Checl	ationship of Reportir ( all applicable) Director		10% O		wner	
(Last) (First) (Middle) 7555 INNOVATION WAY					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							X	Officer (give title below)  Chief Mktg &		below)		, ,	
(Street) MASON				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi <sup>,</sup> Line) X	,					
(City)	(Sta	ate) (Z	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	I - No	n-Deriva	tive S	Secu	rities Ac	quired	, Dis	posed of	, or Be	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed C					4 and Securi		cially Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Pric	e	Transa	ction(s) 3 and 4)			(III301. <del>4</del> )
Common Stock 03/01				03/01/2	2024		A		19,294	A	\$	0(1)	7:	75,312		D		
Common Stock 03/01/2				2024		A		9,328	A	\$	0(2)	84	84,640		D			
Common Stock 03/01/2				2024			F		8,856(3)	D	\$3	6.28	6.28 75,784			D		
		Tal	ble II -							osed of, convertib				Owne	d			
Derivative Security (Instr. 3)	erivative Conversion Date Executive or Exercise (Month/Day/Year) if any		emed ion Date, /Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exerc Expiration Da (Month/Day/V		ate	7. Title Amoun Securit Underly Derivat Securit 3 and 4	it of ies ying ive y (Insti	Der Sed (Ins	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi For Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation (	of Doorson				Code	v	(A) (D)	Date Exercisable		Expiration Date		Amoun or Numbe of Shares						

- 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/ Justin J. Noznesky

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.