SEC Form 4

Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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OMB Number:	3235-0287							
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hours per response:	0.5							

Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
to Section 16. Form 4 or Form 5		
obligations may continue. See		

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 [*] Seith Douglas J			2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]		ationship of Reporting Pe k all applicable) Director	erson(s) to Issuer 10% Owner
(Last) 7555 INNOV	st) (First) (Middle) 55 INNOVATION WAY		- 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023	- x	Officer (give title below) Chief Operating	Other (specify below) g Officer
(Street) MASON OH 45040-9695		45040-9695	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Fili Form filed by One Re Form filed by More th	porting Person
(City)	(State)	(Zip)	rative Securities Acquired, Disposed of, or Ben	eficially	Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common Stock	03/01/2023		A		15,453	A	\$0 ⁽¹⁾	95,088	D	
Common Stock	03/01/2023		A		27,054	A	\$0 ⁽²⁾	122,142	D	
Common Stock	03/01/2023		F		11,687(3)	D	\$38.81	110,455	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 Date, if any (Month/Day/Year)	4. Transa Code (8)		of Expirati Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date		Expiration Da	6. Date Exercisable and Expiration Date (Month/Day/Year)			8. 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			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. 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 both a Company performance goal and a service period requirement, which were both met.

2. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 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.

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/Douglas J. Seith

** Signature of Reporting Person Date

03/03/2023

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.