FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
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OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0.5								

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*  Telman Deborah H					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]								(Ch	Relationship eck all app X Direc	'		on(s) to Is 10% Ov		
(Last)	(Fir	est) (f	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024								Office below	er (give title v)		Other (s below)	pecify		
7555 INNOVATION WAY				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicab Line)				pplicable				
(Street)														X Form filed by One Reporting Person				on	
MASON	OH	H 4	5040-96	595								Form filed by More than One Reporting Person				orting			
(City)	(St	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.									nded to						
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3en	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date		Date,	Transaction Disposed O Code (Instr. 5)		es Acquired (A) or Of (D) (Instr. 3, 4 aı		(A) or 3, 4 an	Benefic Owned	ies cially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			05/13/	2024			A		7,788(1)	(1) A		\$ <mark>0</mark>	16	16,783		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. Deen Executio if any (Month/E	on Date,	Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)		Owr Forr Dire or Ir (I) (I	0. Iwnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A)		(D)	Date Expiration Date		Title	or	ount nber ires							

## **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

## Remarks:

/s/ Allison Walker as

05/14/2024 Attorney-in-fact for Deborah

H. Telman

\*\* 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.