FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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0.5

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* <u>Privitera Salvatore</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | | | | | | all app | | ng Perso | 10% C | wner |
|--|--|------|---|-------------------|--|---|---|---------------------------------|-----------------------|---|--|-------|---|--|----------------------------|---|---|------------------------------|--|--|
| (Last) (First) (Middle) 7555 INNOVATION WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018 | | | | | | | | | | belov | | | | (specify |
| (Street) MASON (City) | OF | | 15040 Zip) | | 4. If <i>i</i> | Ame | ndment, | Date o | (Month/Da | ay/Ye | ar) | | Indiv ne) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, oı | Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | ay/Year) Execut | | | Deemed ecution Date, ny onth/Day/Year) | | Transaction D | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 65) | | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 12/31 | | | | | /2018 | | | A | V | 732(1) | | A | \$24 | 24 ⁽²⁾ 8 | | 83,560 | | D | | |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date curity or Exercise (Month/Day/ | | 3A. Deeme Execution if any (Month/Da | emed 4. TracCo | | ansaction of De de (Instr. Se Ac (A) Di: | | ative rities ired psed | Expiratio (Month/D | 5. Date Exercisable and Expiration Date Month/Day/Year) Date Expiratio | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rice of vative derivative securities tr. 5) Owned Following Reported Transacti (Instr. 4) | | Ov Fo Dii or (I) | vnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Shares acquired pursuant to the AtriCure, Inc. 2018 Employee Stock Purchase Plan for the period ended December 31, 2018.
- 2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on July 2, 2018, which was the first trading day of the applicable offering period. The closing price on July 2, 2018 was \$28.24.

Remarks:

/s/ M. Andrew Wade as

Attorney-in-Fact for Salvatore 01/03/2019

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** 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.