FORM 5

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
wasiiiigton,	D.C.	20049

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

l	OMB APPROVAL							
	OMB Number: 3235-0362							
l	Estimated average burden							
l	hours per response:	1.0						

Instruction 1(b)

Form 4 Transactions Reported.	File	ed pursuant to S or Section 3														
Name and Address of Reporting Person* Hooven Michael D	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
(Last) (First) (I	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2012						Officer (give title Other (specify below)									
(Street) CINCINNATI OH 4	4. If Amendment, Date of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting										
(City) (State) (Zip)									Person						
Tabl	e I - Non-Deriv	ative Secur	rities	s Acq	uire	d, Di	sposed	of, or	Benefi	ciall	y Owne	ed				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquire Of (D) (Instr. 3, 4 and		ired (A) or Disposed nd 5)		sed	5. Amou Securitie Benefici	es ially	6. Ownership Form: Direct	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Amou	nt	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)			
Common Stock											70	,549		D		
Common Stock	11/21/2009			G5		2	200	A	\$0		1,	321		I	Held by Son ⁽¹⁾	
Common Stock											334	4,211		I	Michael D. Hooven 2004 Trust FBO Michael ⁽²⁾	
Common Stock											334,211			I	Michael D. Hooven 2004 Trust FBO Susan ⁽³⁾	
Common Stock										18,421				I	Susan Spies 2004 Children's Trust ⁽⁴⁾	
Та	ble II - Derivat (e.g., p	ive Securiti uts, calls, w									Owned			'		
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. Transaction Code (Instr. 8)	5. Num of Deriva Securi Acquir A) or Disposof (D) Instr. and 5)	mber 6 E () () () () () () () () () (. Da Expir	te Exercisable and ration Date th/Day/Year)				8 D S (I	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.		Beneficial Ownership tt (Instr. 4)	
		(4	A)		Date Exerc	cisable	Expiration Date	Title	of Shares							

Explanation of Responses:

- 1. The Reporting Person disclaims beneficial ownership of these securities.
- 2. Held by Michael D. Hooven 2004 Trust FBO Michael. Mr. Hooven disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.
- 3. Held by Michael D. Hooven 2004 Trust FBO Susan. Mr. Hooven disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.
- 4. Held by Susan Spies 2004 Children's Trust. These shares are held in trust for the benefit of the Reporting Person's son. Reporting person is the trustee of that trust. Mr. Hooven disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.

/s/ Jeanette Yacucci as

02/01/2013 Attorney-In-Fact for Michael

Date

D. Hooven

** 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.