FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO                | VAL       |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |

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*  Collar Mark A |   |  |  |        |                                  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ] |   |           |   |                                  |                  |                      |                             |                               |            | k all applic   | nship of Reporting Person(s) to Issuer<br>I applicable) |  |   |  |
|--|---|--|--|--------|----------------------------------|--|---|-----------|---|----------------------------------|------------------|----------------------|-----------------------------|-------------------------------|------------|--|---|--|---|--|
| (Last)   |   |  |  |        |                                  |  | f Earl<br>018   | iest Tran | sact  | tion (Mon                        | th/D             | Pay/Year)            | X                           |                               | give title |  | 10% Ow<br>Other (s<br>below)                            | I  |   |  |
| (Street) CINCINNATI OH 45255 (City) (State) (Zip)    |   |  |  |        |                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |   |           |   |                                  |                  |                      |                             |                               |            | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |   |  |
|  |   | Tal  | ole I - No                                       | n-Deri | vativ                            | e Se   | curi  | ties Ac   | cqu   | ıired, C                         | )is              | posed of             | f, or Bei                   | nefic                         | cially     | Owned  |   |  |   |  |
| Date   |   |  |  | Date   | ••                               |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Yea |           | ,   | 3.<br>Transact<br>Code (In<br>8) | saction Disposed |                      | ies Acquire<br>Of (D) (Inst |                               |            | 5. Amour<br>Securitie<br>Beneficia<br>Owned F<br>Reported  | s<br>ally<br>ollowing                                   | Form:  | : Direct   I<br>Indirect   E<br>str. 4)   ( | 7. Nature of Indirect Beneficial Ownership |
|  |   |  |  |        |                                  |  |   |           |   | Code                             | ,                | Amount               | (A) or<br>(D)               | Pr                            | ice        | Transact<br>(Instr. 3 a  | ion(s)  |  |   | Instr. 4)                                  |
| Common   | Stock   | 8/201                                      | 2018   |        |                                  |  | M   |           | 25,000  | ) A                              | \$               | 13.31                | 63,                         | 767                           |            | D  |   |  |   |  |
| Common Stock   |   |  |  |        |                                  |  |   |           |   |                                  |                  |                      |                             |                               |            | 5,300  |   |  |   | Held by<br>spouse <sup>(1)</sup>           |
|  |   |  | Table II -                                       |        |                                  |  |   |           |   |                                  |                  | osed of,<br>onvertib |                             |                               |            | wned   |   |  |   | ,  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution I<br>if any<br>(Month/Day | Date,  | 4.<br>Transaction<br>Code (Instr |  |   |           | 6. Date Exercisabl<br>Expiration Date<br>(Month/Day/Year) |                                  |                  | of Securities        |                             | Derivativ<br>Security         |            | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4)                | ly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)     |  |
|  |   |  |  |        | Code                             | v  | (A)   | (D)       | Dat<br>Exe  | te<br>ercisable                  |                  | Expiration<br>Date   | Title                       | Amo<br>or<br>Num<br>of<br>Sha |            |  |   |  |   |  |
| Stock<br>Option<br>(right to<br>buy)                 | \$13.31   | 01/18/2018                                 |  |        | М                                |  |   | 25,000    | 02/   | /06/2009 <sup>(2</sup>           | 2) (             | 02/06/2018           | Common<br>Stock             | 25,                           | ,000       | \$0.00   | 0   |  | D   |  |

## **Explanation of Responses:**

- 1. The Reporting Person disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.
- 2. The option was granted on February 6, 2008 and is exercisable cumulatively at a rate of 25% per annum beginning one year from date of grant.

## Remarks:

/s/ M. Andrew Wade as Attorney-in-Fact for Mark A. 01/22/2018 Collar

\*\* 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.