FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------|--|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | | 3235-028 | | | | | | | | | |
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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

37 Estimated average burden hours per response: 0.5

| | | | | | or | Section | 1 30(h) | of the | Ínvestm | ent Co | ompany Act | of 1940 | | | | | | | |
|--|---|--|----------------|--|-------|---|---|---|---|--|-----------------------|---|--------------------------|---|-------------------------------------|--|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person* Wrubel Lee R | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| vviudei | Winder Lee K | | | | | | | | | | | | | X | Direc | ctor | | 10% | Owner |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2008 | | | | | | | | | Officer (give title below) | | | Othe belov | r (specify v) |
| 6033 SCHUMACHER PARK DRIVE | | | | | | | | | | | | | | | | | | | |
| (Street) WEST CHESTE | CR OI | H 4 | 15069 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | cially | y Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5) | | | | es ally Following | Form (D) o | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | | Transact (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 03/05 | | | 03/05/ | 2008 | | | | S | | 4,990 | D | \$12 | .05 | 422,537 | | | I | Held by Foundation Medical Partners, LP ⁽¹⁾ | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Executi if any | Execution Date, if any | | I. Transaction Code (Instr. B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount of | | De Se (In | Price of erivative ecurity istr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | ve es ially ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration | Title | Amoun or Numbe of Shares | | | | | | |

Explanation of Responses:

1. Dr. Wrubel is a general partner of Foundation Medical Partners, LP. Dr. Wrubel disclaims beneficial ownership of the securities held by Foundation Medical Partners, LP, except as to his pecuniary interest

/s/ Lee R. Wrubel

03/07/2008

** 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.