FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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ı	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									

0.5

hours per response:

#### Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CARREL MICHAEL H						rance, mer [ miles ]								V Director	r	10% Owner		/ner	
(Last)		Date of Earliest Transaction (Month/Day/Year)							<b>-</b>   :	Officer below)			Other (s below)	Other (specify below)					
(Last) (First) (Middle) 7555 INNOVATION WAY						07/31/2019								Pres	President, CEO, & Director				
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
MASON OH 45040														X Form filed by One Reporting Person					
(City) (State) (Zip)													Form filed by More than One Reporting Person						
		Ta	ble I - Noi	n-Deriv	vativ	re Se	curi	ties Ac	quired,	Dis	posed of	, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 07/31/							/2019		М		1,454(1	) A	\$5.91	637	637,557		D		
Common Stock 07/31/						./2019		S		1,454(2	) D	\$33	636,103			D			
			Table II -								osed of, onvertib			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 Dai if any (Month/Day/Y	ate, T	Code (Insti				6. Date Exercisable and Expiration Date (Month/Day/Year)		1	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)			
Stock Option (Right to	\$5.91	07/31/2019			M		()	1,454 <sup>(1)</sup>	11/01/2013		11/01/2022	Common Stock	1,454	\$0.00	98,54	16	D		
(Right to			l									Stock	'	1					

### Explanation of Responses:

- 1. These shares were exercised pursuant to a 10b5-1 trading plan.
- 2. These shares were sold pursuant to a 10b5-1 trading plan.
- 3. These options were granted on November 1, 2012 and are exercisable as to 25% of the shares one year from the date of grant, and the remaining 75% thereafter vests and is exercisable in equal monthly installments on the same day of the month over the following three years.

#### Remarks:

/s/ Allison Walker as Attorneyin-Fact for Michael H. Carrel 08/02/2019

\*\* 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.