FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average b | urden | | | | | | | | |
| - | hours por rosponso: | 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

| | | | | | | | . , | | | | | | | | | | | | |
|--|---|--|---|----------|---|--|----------|--|---|---|--------------------|--|-----------------------------------|---|--|--|-------------------------------------|--|---------------------------------------|
| 1. Name and Address of Reporting Person* Hooven Michael D | | | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Hooven Michael D | | | | | X | | | | | | | | | Director | • | | 10% Ow | ner | |
| (Last) (First) (Middle) 7778 BENNINGTON DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2016 | | | | | | | | | Officer (below) | (give title | | Other (s below) | pecify | |
| ///O DL | MINITO | IVDICIVE | | | - | | | | | | | | _ | | | | | / | |
| | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | 450.41 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| CINCINNATI OH | | н | 45241 | _ | | | | | | | | | | Form filed by More than One Reporting Person | | | | ting | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Noi | n-Deriv | vativ | e Se | curities | s Ac | guired, D | ist | osed of | f. or Ber | nefici | allv | Owned | | | | |
| 1 Title of | Coourity (Inc | | | 2. Trans | | | 2A. Deem | | 3. | | | <u>, </u> | | | 5. Amour | t of | 6.04 | nership | 7. Nature of |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | | r, Transaction Disposed Of (E Code (Instr. 5) | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | I and Securitie Beneficia Owned F | | s illy ollowing | Form | : Direct r Indirect str. 4) | Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | , | Amount | (A) or (D) | | е | Reported Transacti (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | | | | | | | | | uired, Dis s, options | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | Code (Inst | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | of Securities | | ies g Securi | 5 | B. Price of Derivative Gecurity Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (right to | \$14.99 | 05/25/2016 | | | A | | 10,000 | | 05/25/2017 ⁽¹⁾ |) (| 5/25/2026 | Common Stock | 10,00 | 00 | (2) | 10,000 | 0 | D | |

Explanation of Responses:

1. Exercisable cumulatively at a rate of 33.33% per annum commencing on the earlier of (i) the anniversary of the date of grant and (ii) the date on which the Company's annual meeting of stockholders is held that year, provided the Reporting Person is a director immediately prior to such annual meeting.

2. Not applicable

Remarks:

/s/ M. Andrew Wade as

05/26/2016 Attorney-In-Fact for Michael

D. Hooven

** 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.