Instruction 1(b).

FORM 4

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
---------------	----------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average	burden					
hours per response	9: 0.5					

			of Section 30(ff) of the investment Company Act of 1940					
1. Name and Address of Reporting Person* <u>Dahlquist Karl S.</u>			2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) 7555 INNOVATION WAY		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022	_ x	X Officer (give title Other (specify below) Chief Legal Officer			
(Street) MASON	ОН	45040-9695	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line) X	ividual or Joint/Group Fil Form filed by One Re Form filed by More th	eporting Person		
(City)	(State)	(Zip)			Person	,,,,,,		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(iiisti. 4)
Common Stock	03/01/2022		A		7,789	A	\$0 ⁽¹⁾	23,614	D	
Common Stock	03/01/2022		A		6,825	A	\$0 ⁽²⁾	30,439	D	
Common Stock	03/01/2022		F		7,299(3)	D	\$69.59	23,140	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3. Transaction Date 3A. Deemed Execution Date, 6. Date Exercisable and 7. Title and 9. Number of 5. Number 8. Price of 10. Ownership 11. Nature 2. Conversion Transaction Expiration Date (Month/Day/Year) Amount of Derivative derivative of Indirect Security or Exercise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) Derivative Securities Security Securities Form: Direct (D) Beneficial (Instr. 3) Price of Securities Underlying (Instr. 5) Beneficially Ownership Derivativ Owned Following or Indirect (I) (Instr. 4) Derivative Acquired (Instr. 4) Security (Instr. 3 and 4) (A) or Disposed of (D) (Instr. 3, 4 Security Reported Transaction(s) (Instr. 4) ànd 5) Amount Number Expiration Date Date Code ν (A) (D) Exercisable Title Shares

Explanation of Responses:

- 1. The Reporting Person acquired these shares pursuant to the vesting and release of a Performance Share Award under the AtriCure, Inc. 2014 Stock Incentive Plan. The award had both a Company performance goal and a service period requirement, which were both met.
- 2. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan, One third of the shares will vest annually upon the respective one, two, and three year anniversaries of the date of grant.
- 3. The Reporting Person has elected to transfer these shares to the Company to satisfy the tax withholding obligation incurred upon the vesting and release of shares previously acquired pursuant to a Restricted Stock Award or Performance Share Award.

Remarks:

/s/ Karl S. Dahlquist

03/03/2022

** 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.