Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

ashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									
houre per response:										

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*     Yuen Maggie					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]										tionship of Reporting all applicable) Director		ng Pe	rson(s) to Is	vner
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024										Office	er (give title v)		Other (s below)	specify
7555 INNOVATION WAY				4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Indi	Individual or Joint/Group Filing (Check Applicable							
(Street)  MASON	OI	I 4	45040-9695											1	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication							on							
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	juired,	, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date		Date,	Transaction Disp Code (Instr. 5)		Disposed C	ecurities Acquired (A posed Of (D) (Instr. 3,			Securit Benefic Owned	rities ficially ed Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or Price	•		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock			08/15/2	2024			S		3,500	D \$2		.07	8,970			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ivative conversion or Exercise Price of Derivative Security  Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date		Transa Code (	ransaction ode (Instr. )  Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
			(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares											

**Explanation of Responses:** 

Remarks:

/s/ Maggie Yuen

08/19/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).