FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* HARRISON DONALD C				2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) 6033 SCI	(Fi	rst) (ER PARK DR	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2006									_	cer (give title		Ot	Other (specify below)	
(Street) WEST CHESTE			15069 Zip)		4.1	f Amen	dment,	, Date	of Orig	jinal F	iled (Month/Da	ay/Year)		6. Inc Line)	Forn	n filed b	Group Fil y One Re y More th	eporting	Perso	n
(City)	(30			Non-Deriv	/ative	Sec	uritie	s A	cauire	ed. D	Disposed o	f. or F	Benefic	rially	/ Owne	-d				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Followir		of /	6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect					
						Code	v	Amount	mount (A) or Price		Reported Transaction(s) (Instr. 3 and 4)					(Instr. 4)				
Common	Stock														194,0	79	D			
Common Stock 01/01/20		006	06			J		667,472	D	(1)		0		I			by CLS LLC ⁽¹⁾			
Common Stock 0:		01/01/20	006				J		8,989	D	(1)		0		I		Held by Charter Advisors Fund IV, L.P.			
Common Stock		01/01/20	01/01/2006				J		28,506	D	(1)		0		I		Held by Charter Entrepreneurs Fund IV, L.P.			
		Ta	ble I								posed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date, h/Day/Year)	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of trivative curity estr. 5)	9. Num derivat Securi Benefic Owned Follow Report Transa (Instr.	tive ties cially I ing ted action(s)	10. Owners Form: Direct (I or Indire (I) (Insti	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Number of Shares	,								

Explanation of Responses:

1. Dr. Harrison was a manager of CLS I-IV, LLC until the fund was liquidated effective January 1, 2006. At this time, the issuer shares were transferred to Charter Ventures IV, L.P., an entity in which Dr. Harrison had no general partnership interest or managerial position. Thus, at this date, Dr. Harrison's beneficial ownership of these shares ceased. In addition, as of January 1, 2006, Dr. Harrison has no general partnership interest or managerial position in Charter Entrepreneurs Fund IV, L.P. or Charter Advisors Fund IV, L.P. (Dr. Harrison is a limited partner in Charter Entrepreneurs Fund IV, L.P.). Thus, Dr. Harrison does not have beneficial ownership of the shares held by either of these entities.

> /s/ Donald C. Harrison 04/10/2008

** 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.