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	ourden							

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).

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

		*			2 10	CLICE	Name	nd Tiel	or or Tro	dina C	Symbol				Dolot	ionchi	n of Donortin	a Dorcon	c) to la	cuor	
1. Name and Address of Reporting Person* Florin Daniel P					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					1	Autoure, me. [Artic]									X	Direc	ctor		10% Own		
(Last) (First) (Middle) 7555 INNOVATION WAY					3. Date of Earliest Transaction (Month/Day/Year) 12/04/2019											Office	er (give title w)		Other below)	(specify	
					4. If	Ame	endment	, Date o	f Original	Filed	(Month/Da	ay/Yea	ar)	6.	Indivi	idual o	r Joint/Group	Filing (C	heck A	pplicable	
(Street) MASON	OI	H 4	15040											Li	ne) X		n filed by One		•		
(City)	(St	ate) (Zip)													Pers	n filed by Mor on	e man O	іе кер	orung	
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally (Owne	ed				
Date				Date	e nth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securit Transaction Disposed Code (Instr. 8)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Second Ben Owr		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or D)	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock				12/04	12/04/2019						5,902	2 A \$		\$0.0	0(1)	5,902		D			
		Та	ıble II - [sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution or Exercise (Month/Day/Year) if any		Date, ay/Year)	4. Transaction Code (Instr. 8)		of	rative rities ired r osed) : 3, 4	Expiratio (Month/D	Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			ce of rative rity : 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. The shares will vest 33% annually over three years from date of grant.

Remarks:

/s/ Allison Walker as Attorneyin-fact for Daniel P. Florin 12/05/2019

** Signature of Reporting Person Date

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

- * 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.