FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to | S |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* Wade M. Andrew | | | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | | | | | call applicable) Director Officer (give title below) | | ng Person(s) to Issuer 10% Owner Other (specification) | | Owner |
|---|--|---------|--------------------------------------|--------------------------|--|---|---|---|--------|---|--|-----------------------|---------------------------------------|------------------------------------|---|---|---|--|---|-------|
| (Last) (First) (Middle) 7555 INNOVATION WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2020 | | | | | | | | | | | | | | |
| (Street) MASON (City) | | | 15040 Zip) | | 4. If | Line) X Form filed by | | | | | | | | | n filed by One | oup Filing (Check Applicable One Reporting Person More than One Reporting | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Dat | | | | Date (Month/Day/Year) if | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | nd 5) | 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 | , l· | Transaction(s) (Instr. 3 and 4) | | | | (111311.4) | | |
| Common Stock 03 | | | | | 01/2020 | | | | A | | 11,387 | 7 | Α | \$0.00(1) | | 156,507 | | Γ |) | |
| Common | Stock | | | 03/01 | /2020 | | | | F | | 16,334 | ⁽²⁾ D \$38 | | 8.42 1 | | 40,173 | Γ |) | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | n Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispc of (D) (Instr and 5 | ative rities ired osed | Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | 8. Prio Derivo Secur (Instr. | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owr Fori Dire or Ir (I) (I | nership n: ct (D) ndirect nstr. 4) | 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. One third of the shares will vest annually upon the respective one, two, and three year anniversaries of the date of grant.
- 2. 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.

Remarks:

/s/M. Andrew Wade

03/03/2020

** 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.